

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40976

1. Entity Name

BAC KILLAM INC.

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90022 006 \*\*\*550.00

Principal Place of Business

49 W 37TH ST  
NEW YORK NY 10018  
US

Mailing Address

C/O TAX DEPARTMENT  
81 WYMAN STREET  
WALTHAM MA 02454

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-1891379

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KENDALL	
STREET ADDRESS	ONE UNIVERSITY PLAZA	
CITY-ST-ZIP	HACKENSACK NJ	
TITLE	V	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, JACK	
STREET ADDRESS	1 UNIVERSITY PLAZA	
CITY-ST-ZIP	HACKENSACK NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAMBERT, SANDRA L.	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM MA	
TITLE	T	<input type="checkbox"/> Delete
NAME	APICERNO, KENNETH	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM MA 02454	
TITLE	D	<input type="checkbox"/> Delete
NAME	APPLETON, JOHN	
STREET ADDRESS	81 WYMAN STREET	
CITY-ST-ZIP	WALTHAM MA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	AGHABABAIN, ROBERT V	
STREET ADDRESS	81 WYMAN ST	
CITY-ST-ZIP	WALTHAM MA 02454	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kendall, Martin	
STREET ADDRESS	27 Bleeker St.	
CITY-ST-ZIP	Milburn, NJ 07041	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	07601	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	02454	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	02454	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Aghababian

7-12-00

Date

(781) 622-1000

Daytime Phone #

CR2E034 (5/00)