

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078576 (3)

1. Entity Name

~~CCC INFUSION, INC~~

Infumatrix, Inc.

N/A Infumatrix Inc.

Principal Place of Business

10 DORRANCE STREET, STE 400
PROVIDENCE, RI 02903

Mailing Address

10 DORRANCE STREET, STE 400
PROVIDENCE, RI 02903

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0543513

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

A0057505

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 Corporation System

City

Plantation

FL

Zip Code

33324

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

Lauren H. Kreatz

LAUREN H. KREATZ,

SPECIAL ASSISTANT SECRETARY

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/00

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE P/D/CEO
NAME Heffernan, Michael T. ☐ Delete
STREET ADDRESS 10 Dorrance Street, Ste 400
CITY-ST-ZIP Providence, RI 02903

TITLE Treas/CFO
NAME Gillheaney, Gary S. ☐ Delete
STREET ADDRESS 10 Dorrance Street, Ste 400
CITY-ST-ZIP Providence, RI 02903

TITLE Secty/VP
NAME Barrett, Veronica A. ☐ Delete
STREET ADDRESS 10 Dorrance Street, Ste 400
CITY-ST-ZIP Providence, RI 02903

TITLE COO/VP
NAME John Wardle ☐ Delete
STREET ADDRESS 10 Dorrance St., Ste 400
CITY-ST-ZIP Providence RI 02903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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)(i), 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:

Veronica A. Barrett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/00

401-868-6672

CR2E034 (9/99)