

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT# V59254****1. Entity Name**
BCL ASSOCIATES, INC.**Principal Place of Business****224 BIRCHLAND AVE
SPRINGFIELD MA 01119****Mailing Address****224 BIRCHLAND AVE
SPRINGFIELD MA 01119****2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent**BABACAS, SOCRATES T
5109 NORTH CENTRAL AVENUE
TAMPA FL 33603****7. Name and Address of New Registered Agent**

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 \$150.00
After MAY 1, 2001 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 ☐ Delete**DP
BABACAS, SOCRATES T
224 BIRCHLAND AVE
SPRINGFIELD MA**TITLE ☐ Delete**TS
GEORGE, WILLIAM
54 ACREBROOK ROAD
SPRINGFIELD MA**TITLE ☐ Delete**V
BOURAS, NICHOLAS J
112 BEEKMAN RD.
SUMMIT NJ 07901**TITLE ☒ Delete**D
FLANAGAN, CHARLES A
230 MILLBROOK ROAD
NORTH HAVEN CT 06473**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP**12. OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☒ Addition**Permit to Enter
33 DeLong Drive
Springfield MA 01103**TITLE ☐ Change ☒ Addition**Paul Hagen
85 Park Lane
Glen Mills, PA 19342**TITLE ☐ Change ☒ Addition**Sidney W. Brown
17141 Jackson Trail
Cokleville MN 55004**TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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:****Socrates T. Babacas**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-10-2001

Daytime Phone #

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90205 001 *****8.75

01-25-2001 90205 002 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3243046

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75 Additional
Fee Required**

CR2E034 (10/00)