

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90269 017 \*\*\*150.00

**DOCUMENT # F97000002631**

1. Entity Name  
**PAGNET, INC.**

Principal Place of Business  
**14911 QUORUM DRIVE., #600**  
**DALLAS TX 75240**

Mailing Address  
**14911 QUORUM DRIVE., #600**  
**DALLAS TX 75240**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**1800 West Park Drive**

3. Mailing Address  
**1800 West Park Drive**

Suite, Apt. #, etc.  
**Suite 250**

Suite, Apt. #, etc.  
**Suite 250**

City & State  
**Westborough, MA**

City & State  
**Westborough, MA**

4. FEI Number **62-1560954**

Applied For  
 Not Applicable

Zip  
**01581**

Country  
**USA**

Zip  
**01581**

Country  
**USA**

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 \_\_\_\_\_ (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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MULLINX, TED</b> <b>14911 QUORUM DRIVE., #600</b> <b>DALLAS TX 75240</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CASTELLI, JULIAN</b> <b>14911 QUORUM DRIVE., #600</b> <b>DALLAS TX 75240</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BREMERLI, ANDREAS</b> <b>14911 QUORUM DRIVE., #600</b> <b>DALLAS TX 75240</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>C Edward Baker</b> <b>1800 W Park Dr Ste 250</b> <b>Westborough, MA 01581</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Lyndon Daniels</b> <b>1800 W Park Dr Ste 250</b> <b>Westborough, MA 01581</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/ CFO</b> <b>J Roy Pottle</b> <b>1800 W Park Dr Ste 250</b> <b>Westborough, MA 01581</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Treasurer</b> <b>Gerald Cimmino</b> <b>1800 West Park Dr Ste 250</b> <b>Westborough, MA 01581</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Patricia Gray</b> <b>1800 West Park Dr Ste 250</b> <b>Westborough, MA 01581</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/00)