

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # L51742**

1. Entity Name  
**WATERFALL CORPORATION**

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90388 002 \*\*\*150.00

Principal Place of Business	Mailing Address
10 BURLINGTON MALL RD STE 245 BURLINGTON MA 01803 US	10 BURLINGTON MALL RD STE 245 BURLINGTON MA 01803-4130 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>6 Kimball Lane</i>	3. Mailing Address <i>6 Kimball Lane</i>
Suite, Apt. #, etc. <i>Suite 100</i>	Suite, Apt. #, etc. <i>Suite 100</i>
City & State <i>Lynnfield MA</i>	City & State <i>Lynnfield MA</i>
Zip <i>01940</i>	Country
Zip <i>01940</i>	Country

4. FEI Number <b>65-0180708</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**FLANIGAN, JOHN F**  
**9TH FLOOR, BARNETT CENTRE**  
**625 N. FLAGLER DRIVE**  
**W. PALM BEACH FL 33401**

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPVS</b> <b>TAMBONE, RICHARD P.</b> <b>222 LAKEVIEW AVE 17TH FLOOR</b> <b>WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TAMBONE, LORI B.</b> <b>10 BURLINGTON MALL RD</b> <b>BURLINGTON MA 01803</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DYS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>TAMBONE, RICHARD P</b> <b>222 LAKEVIEW AVE 17TH FLOOR</b> <b>WEST PALM BEACH FL 33401</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(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 an other title empowered.

SIGNATURE: *SEAN TAMBONE* **42800** **781-245-5252**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)