

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90096 034 \*\*\*150.00

**DOCUMENT # P23196**

1. Entity Name  
**POLAROID ID SYSTEMS, INC.**

Principal Place of Business  
**PO BOX 8490  
 FORT WAYNE IN 46898**

Mailing Address  
**1530 PROGRESS RD.  
 FT. WAYNE IN 46808-1181**

2. Principal Place of Business  
**4640 EXECUTIVE BLVD.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4640 EXECUTIVE BLVD.**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**FORT WAYNE IN**  
 Zip  
**46808**  
 Country  
**US**

City & State  
**FORT WAYNE, IN**  
 Zip  
**46808**  
 Country  
**US**

4. FEI Number **94-2278596**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MURRAY, ROBERT S</b> <b>201 BURLINGTON ROAD</b> <b>BEDFORD MA 01730</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LAPAN, KARL</b> <b>1530 PROGRESS ROAD</b> <b>FORT WAYNE IN 46808</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LUEDERS, CARL</b> <b>549 TECH SQUARE</b> <b>CAMBRIDGE MA 02139</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MCKINLEY, BRIAN</b> <b>1530 PROGRESS ROAD</b> <b>FORT WAYNE IN 46808</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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>John MUNDAY</b> <b>784 MEMORIAL DRIVE</b> <b>CAMBRIDGE, MA 02139</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>JEFFREY Wyckoff</b> <b>4640 EXECUTIVE BLVD.</b> <b>FORT WAYNE, IN 46808</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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 all other like empowered.

SIGNATURE: Jeffrey Wyckoff **JEFFREY Wyckoff, TREASURER** 2-15-01 219-484-8611  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)