

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90045 035 ***150.00

DOCUMENT # P39985

1. Entity Name

BANYAN SYSTEMS INCORPORATED

Principal Place of Business

Mailing Address

**120 FLANDERS RD
 WESTBORO MA 01581**

**120 FLANDERS RD
 WESTBORO MA 01581-1035**

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

04-2798394

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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

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, 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 Delete
 NAME **P FERRY, WILLIAM P**
 STREET ADDRESS **45 BISHOPS FOREST**
 CITY-ST-ZIP **WALTHAM MA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BURTON, JOHN F**
 STREET ADDRESS **1110 HARVEY ROAD**
 CITY-ST-ZIP **MCLEAN VA 22101**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **AT SPAULDING, RICHARD**
 STREET ADDRESS **86 SOLON STREET**
 CITY-ST-ZIP **NEWTON MA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SVP BURKE, ROBERT D**
 STREET ADDRESS **30 ALLEN CIR**
 CITY-ST-ZIP **BOXFORD MA 01921**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MAHONEY, DAVID C**
 STREET ADDRESS **103 JIMMEY DRIVE**
 CITY-ST-ZIP **WESTFORD MA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VP BELLANTUONI, ANTHONY**
 STREET ADDRESS **37 WOODLAND DR**
 CITY-ST-ZIP **NASHUA NH 03063-2059**

TITLE Change Addition
 NAME
 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John P. Mitchell
John P. Mitchell
 Director of Finance, Assistant Secretary
 2-9-00 508 298 1731

CR2E034 (9/99)