

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State

DOCUMENT # P40851

1. Entity Name
DATA CONVERSION, INC.

Handwritten signature/initials

08-08-2000 90021 028 \*\*\*508.75
08-22-2000 90004 001 \*\*\*\*50.00

Principal Place of Business
238 MAIN STREET
CAMBRIDGE MA 02142
Mailing Address
238 MAIN STREET
CAMBRIDGE MA 02142



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business, 3. Mailing Address, 4. FEI Number 04-2506346, 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

CT 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. FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00. 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

Table with 2 columns: 11. OFFICERS AND DIRECTORS, 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. Rows include names like PATNI, NARENDRA K and GANICK, JOHN G.

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 employees.

SIGNATURE: X [Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

Attachment 1 of 2

238 MAIN STREET, CAMBRIDGE, MASSACHUSETTS 02142 • (617) 354-7424 • FAX: (617) 876-4711

DOC. # P40851  
B0104735

**DATA  
CONVERSION  
INCORPORATED**

Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida  
32302-1500

Subject: Annual report/ Uniform business report balance due

Reference: **P40851**

To Whom It May Concern:

Enclosed find and additional \$50.00 check, which is for balance due \$41.25 plus \$8.75 for certificate of status. We are sorry for error in the check at the first time.

If you have any additional question, please feel free to contact me.

Sincerely,



Patrick Kietsrichart  
617-354-7424 ext. 249