

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 825095

FILED
Mar 16, 2005
Secretary of State

Entity Name: BULL HN INFORMATION SYSTEMS INC.

Current Principal Place of Business:

300 CONCORD ROAD
M/S 887A
BILLERICA, MA 01821 US

New Principal Place of Business:

Current Mailing Address:

300 CONCORD ROAD
M/S 887A
BILLERICA, MA 01821 US

New Mailing Address:

FEI Number: 41-0962923 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: OGLE, KURT A
Address: 300 CONCORD ROAD
City-St-Zip: BILLERICA, MA 01821

Title: T () Delete
Name: MCDANIEL, DIANNE
Address: 13430 NORTH BLACK CANYON HIGHWAY
City-St-Zip: PHOENIX, AZ 85029

Title: D () Delete
Name: PELLISSIER, GERVAIS
Address: 68 ROUTE DE VERSAILLES
City-St-Zip: 78430 LOUVECIENNES, FR

Title: AS () Delete
Name: MAHER, THOMAS R
Address: 300 CONCORD ROAD
City-St-Zip: BILLERICA MA,

Title: VP () Delete
Name: WRIGHT, CECILE
Address: 300 CONCORD ROAD
City-St-Zip: BILLERICA, MA 01821

Title: P () Delete
Name: BURBANK, JONATHAN J
Address: 300 CONCORD ROAD
City-St-Zip: BILLERICA, MA 018214186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS R. MAHER

AS

03/16/2005

Electronic Signature of Signing Officer or Director

_____ Date