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Apr 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004585 (6)

1. Corporation Name
ISI INTEGRATED SOLUTIONS, INC.

Principal Place of Business
836 NORTH ST BLDG 5
MERRIMACK CENTER
TEWKSBURY MA 01876

Mailing Address
836 NORTH ST BLDG 5
MERRIMACK CENTER
TEWKSBURY MA 01876-1253



3. Date Incorporated or Qualified
10/06/1993

3a. Date of Last Report
04/17/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
04-3191486

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SNELGROVE, TIM
8100 CHANCELLOR DRIVE, SUITE 135
ORLANDO FL 32809

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1525 Currency Drive

83

84 City Orlando

FL

85 Zip Code 32809

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSD ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME BUCHANAN, ELLERY R
STREET ADDRESS 120 CARLTON LANE
CITY-ST-ZIP NORTH ANDOVER MA 01845

1.2 NAME
1.3 STREET ADDRESS merrimack Center
836 North St., Bldg #5
1.4 CITY-ST-ZIP Tewksbury MA 01876

TITLE VPTD ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME GOMES, ROBERT L
STREET ADDRESS 28 ALGONQUIN AVE.
CITY-ST-ZIP ANDOVER MA 01810

2.2 NAME
2.3 STREET ADDRESS merrimack Center
836 North St., Bldg #5
2.4 CITY-ST-ZIP Tewksbury, MA 01876

TITLE AS ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME BROUDE, PAUL D
STREET ADDRESS 28 ORCHARD CROSSING
CITY-ST-ZIP ANDOVER MA 01810

3.2 NAME
3.3 STREET ADDRESS c/o O'Connor, Broude & Aronson
950 Winter Street, Suite 2300
3.4 CITY-ST-ZIP Waltham, MA 02154

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **RECEIVED**

3/17/97

(608) 640-4514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)