

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

1997 SEP 26 AM 9:00



DOCUMENT # F96000003216 (6)

1. Corporation Name  
NOVASOFT SYSTEMS, INC.

Principal Place of Business  
8 NEW ENGLAND EXECUTIVE PARK  
BURLINGTON MA 01803

Mailing Address  
8 NEW ENGLAND EXECUTIVE PARK  
BURLINGTON MA 01803

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 10 MALL RD

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State  
23 BURLINGTON, MA

27 City & State

24 Zip 01803 Country

28 Zip Country

29

30

3. Date Incorporated or Qualified  
06/25/1996

3a. Date of Last Report

4. FEI Number  
04-2987812

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

1.1 TITLE ☐ DELETE

1.2 NAME  
JACOBS, BRIAN  
1.3 STREET ADDRESS  
8500 NORMANDALE LAKE BLVD.  
1.4 CITY-ST-ZIP  
BLOOMINGDALE MN 55437-3831

2.1 TITLE ☒ DELETE

2.2 NAME  
MARZAK, JESS  
2.3 STREET ADDRESS  
950 TOWER LANE, STE. 700  
2.4 CITY-ST-ZIP  
FOSTER CITY CA 94404

3.1 TITLE ☐ DELETE

3.2 NAME  
PALMER, PAUL  
3.3 STREET ADDRESS  
36 JUNIPER ROAD  
3.4 CITY-ST-ZIP  
WESTON MA 02194

4.1 TITLE ☒ DELETE

4.2 NAME  
SMITH, TOM  
4.3 STREET ADDRESS  
555 13TH ST NW, STE. 900 EAST  
4.4 CITY-ST-ZIP  
WASHINGTON DC 20004

5.1 TITLE ☐ DELETE

5.2 NAME  
STAVENHAGEN, JOE  
5.3 STREET ADDRESS  
77 FRANKLIN ST.  
5.4 CITY-ST-ZIP  
BOSTON MA 02110

6.1 TITLE ☐ DELETE

6.2 NAME  
GOODERMOTE, DEAN  
6.3 STREET ADDRESS  
20 UNIVERSITY ROAD  
6.4 CITY-ST-ZIP  
CAMBRIDGE MA 02138

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME  
Director  
Cohen, Bruce  
1.3 STREET ADDRESS  
10 Mall Rd  
1.4 CITY-ST-ZIP  
Burlington, MA 01803

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME  
Director  
Cihiv, Sureyya  
2.3 STREET ADDRESS  
10 Rogers St # 306  
2.4 CITY-ST-ZIP  
Cambridge, MA 02142

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
7000002309381  
-10/01/97--01112--002  
\*\*\*550.00 \*\*\*550.00

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME  
Director  
Maeder, Paul  
4.3 STREET ADDRESS  
Two International Place, 22nd Floor  
4.4 CITY-ST-ZIP  
Boston, MA 02210

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
Director  
Goodermote, Dean  
5.3 STREET ADDRESS  
909 Concord St  
5.4 CITY-ST-ZIP  
Framingham, MA 01701

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME  
Director  
Goodermote, Dean  
6.3 STREET ADDRESS  
909 Concord St  
6.4 CITY-ST-ZIP  
Framingham, MA 01701

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) 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 registered agent 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 amendment with an address.

SIGNATURE:

*Paul Maeder*

8/27/97

614/185-1501

CR2E034 (4/97)