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Mar 25 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 # F96000003952 (6)

1. Corporation Name
CAMBRIDGE SYSTEMATICS, INC.



Principal Place of Business: 150 CAMBRIDGE DRIVE SUITE 4000 CAMBRIDGE MA 02140
Mailing Address: 150 CAMBRIDGE DRIVE SUITE 4000 CAMBRIDGE MA 02140-2322

3. Date Incorporated or Qualified: 08/02/1996
3a. Date of Last Report
4. FEI Number: 04-2905095
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

g. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PT, Director	<input type="checkbox"/> DELETE
NAME	NEUMANN, LANCE A	
STREET ADDRESS	150 CAMBRIDGE DRIVE	
CITY-ST-ZIP	CAMBRIDGE MA 02140	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEPORE, ROBERT L	
STREET ADDRESS	150 CAMBRIDGE DRIVE	
CITY-ST-ZIP	CAMBRIDGE MA 02140	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GRENZEBACK, LANCE R	
STREET ADDRESS	150 CAMBRIDGE DRIVE	
CITY-ST-ZIP	CAMBRIDGE MA 02140	
TITLE	C	<input type="checkbox"/> DELETE
NAME	FOWLE, ALBERT W	
STREET ADDRESS	150 CAMBRIDGE DRIVE	
CITY-ST-ZIP	CAMBRIDGE MA 02140	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CUTLER, MARC	
STREET ADDRESS	150 CAMBRIDGE DRIVE	
CITY-ST-ZIP	CAMBRIDGE MA 02140	
TITLE	V, Director	<input type="checkbox"/> DELETE
NAME	PICKRELL, STEVE	
STREET ADDRESS	1300 CLAY STREET	
CITY-ST-ZIP	OAKLAND CA 94612	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Candace Tobin	
1.3 STREET ADDRESS	150 Cambridge Park Drive	
1.4 CITY-ST-ZIP	Cambridge, MA 02140	
2.1 TITLE	SR VP, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Arlee T. Reno	
2.3 STREET ADDRESS	5225 Wisconsin Avenue, N.W., 409	
2.4 CITY-ST-ZIP	Washington, DC 20015	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Moshe Ben-Arieva	
3.3 STREET ADDRESS	MIT Bldg. 1 Room 183	
3.4 CITY-ST-ZIP	Cambridge, MA 02139	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marvin L. Manheim	
4.3 STREET ADDRESS	Northwestern University, JH Kellogg Policy Dept	
4.4 CITY-ST-ZIP	Evanston, IL 60208	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Steve Herman	
5.3 STREET ADDRESS	MIT Room 1-238	
5.4 CITY-ST-ZIP	Cambridge, MA 02142	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert Kasameyer	
6.3 STREET ADDRESS	17 Pond St.	
6.4 CITY-ST-ZIP	Cohasset, MA 02025	

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: Albert W. Fowle 3/6/97 (617)354 0167
 NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Albert W. Fowle, Controller, Clerk
 DATE: 3/6/97 DAYTIME PHONE #: 0000524

CR2E034 (9/96)