

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 08/02/1996	
4. FEI Number 04-2905095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. 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

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 _____ DATE _____
Signature typed or printed name of registered agent and if not applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	NEUMANN, LANCE A	
STREET ADDRESS	150 CAMBRIDGE DRIVE	
CITY-ST-ZIP	CAMBRIDGE MA	
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	VO	<input type="checkbox"/> DELETE
NAME	PICKRELL, STEVE	
STREET ADDRESS	1300 CLAY STREET	
CITY-ST-ZIP	OAKLAND CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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*

CR2E034 (10/97)