

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003952

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

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90062 040 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/02/1996

4. FEI Number

04-2905095

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

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

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

TITLE PTD
NAME NEUMANN, LANCE A
STREET ADDRESS 150 CAMBRIDGE DRIVE
CITY-ST-ZIP CAMBRIDGE MA

☐ DELETE

TITLE V
NAME LEPORE, ROBERT L
STREET ADDRESS 150 CAMBRIDGE DRIVE
CITY-ST-ZIP CAMBRIDGE MA 02140

☐ DELETE

TITLE V
NAME GRENZEBACK, LANCE R
STREET ADDRESS 150 CAMBRIDGE DRIVE
CITY-ST-ZIP CAMBRIDGE MA 02140

☐ DELETE

TITLE C
NAME FOWLE, ALBERT W
STREET ADDRESS 150 CAMBRIDGE DRIVE
CITY-ST-ZIP CAMBRIDGE MA 02140

☐ DELETE

TITLE V
NAME CUTLER, MARC
STREET ADDRESS 150 CAMBRIDGE DRIVE
CITY-ST-ZIP CAMBRIDGE MA 02140

☐ DELETE

TITLE VD
NAME PICKRELL, STEVE
STREET ADDRESS 1300 CLAY STREET
CITY-ST-ZIP OAKLAND CA

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Albert W. Fowle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/99 (617) 354 0167
Date Daytime Phone #

CR2E034 (1/98)