

FILED
Jul 02, 2001 8:00 am
Secretary of State

06-19-2001 90010 007 ***150.00
 07-02-2001 90003 045 ***400.00

'2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003952

1. Entity 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

CU072306

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 04-2905095

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. 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	VD	<input type="checkbox"/> Delete
NAME	PICKRELL, STEVE	
STREET ADDRESS	1300 CLAY STREET	
CITY-ST-ZIP	OAKLAND CA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Albert W. Fowle Albert W. Fowle, Clerk 5/23/01 (617) 854 0167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #