


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**

03 DEC 19 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000003952  
1. Entity Name  
CAMBRIDGE SYSTEMATICS, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
100 CambridgePark Drive  
Suite 400  
Cambridge, MA 02140 U.S.A.

3. Mailing Address  
100 CambridgePark Drive  
Suite 400  
Cambridge, MA 02140 U.S.A.

**REINSTATEMENT** 03

4. FEI Number: 04-2505095  
Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name: Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street  
City: Tallahassee FL Zip Code: 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

*Jeanine Reynolds*  
**Jeanine Reynolds as its agent**

SIGNATURE: *[Signature]* DATE: 12-19-03

January 1 - May 1, Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Neumann, Lance A. 100 CambridgePark Drive, Suite 400 Cambridge, MA 02140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600025127906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Taggart, Robert E. 100 CambridgePark Drive, Suite 400 Cambridge, MA 02140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12/01/03--01073--002 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Grenzeback, Lance R. 100 CambridgePark Drive, Suite 400 Cambridge, MA 02140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Fowle, Albert W. 100 CambridgePark Drive, Suite 400 Cambridge, MA 02140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Cutler, Marc 100 CambridgePark Drive, Suite 400 Cambridge, MA 02140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Pickrell, Steve 555 12th Street, Floor 16, Suite 1600 Oakland, CA 94607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 10 or on an attachment with an address, with all other filers empowered.

SIGNATURE: *Albert W Fowle* Albert W Fowle 11/24/03 (617)354 0167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #

CR2E034B (12/02)