

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000003952



1. Entity Name
 CAMBRIDGE SYSTEMATICS, INC.

Principal Place of Business
 100 CAMBRIDGEPARK DRIVE
 SUITE 400
 CAMBRIDGE, MA 02140

Mailing Address
 100 CAMBRIDGEPARK DRIVE
 SUITE 400
 CAMBRIDGE, MA 02140



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 04-2905095 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	COO TAGGART, ROBERT E 100 CMABRIDGEPARK DRIVE SUITE 400 CAMBRIDGE, MA 02140
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	C FOWLE, ALBERT W 100 CAMBRIDGEPARK DRIVE SUITE 400 CAMBRIDGE, MA 02140
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	VD PICKRELL, STEVE 555 12TH STREET, FLOOR 16 SUITE 1600 OAKLAND, CA 94607

U00000158123
 05/07/04-80008-025 150.00

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Albert W. Fowle Albert W. Fowle 4/19/04 (617) 354-0167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #