

**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**

**DO NOT WRITE IN THIS SPACE**



04192004 No Chg-P CR2E034 (10/03)

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**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**

U000000158123  
05/07/04-800008-025 150.00

**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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/04**  
Date

**(617) 354-0167**  
Daytime Phone #