


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2005 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
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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 04-2905095	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

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 03/26/05-80015-007 150.00

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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 (617) 354-0167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #