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May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000003789 (1)**

1. Corporation Name
CVSI, INC.

Principal Place of Business	Mailing Address
100 CROSBY DR. BEDFORD MA 01730	100 CROSBY DR. BEDFORD MA 01730

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4G CROSBY DR.	2a. Mailing Address 26 4G CROSBY DR.	3. Date Incorporated or Qualified 07/21/1997	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 04-3372470	☐ Applied For ☐ Not Applicable
City & State 23 BEDFORD, MA	City & State 28 BEDFORD, MA	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 01730 / 25 USA	Zip / Country 29 01730 / 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FONIRI, WILLIAM A		1.2 NAME	JAMES P. REGAN	
STREET ADDRESS	100 CROSBY DR.		1.3 STREET ADDRESS	4G CROSBY DR.	
CITY-ST-ZIP	BEDFORD MA 01730		1.4 CITY-ST-ZIP	BEDFORD, MA 01730	
TITLE	SD	☒ DELETE	2.1 TITLE	VT	☒ Change ☐ Addition
NAME	FIORE, ANTHONY N JR		2.2 NAME	WILLIAM A. FONIRI	
STREET ADDRESS	100 CROSBY DR.		2.3 STREET ADDRESS	4G CROSBY DR	
CITY-ST-ZIP	BEDFORD MA 01730		2.4 CITY-ST-ZIP	BEDFORD, MA 01730	
TITLE	TD	☒ DELETE	3.1 TITLE	VS	☒ Change ☐ Addition
NAME	HAYDEN, JAMES		3.2 NAME	STEPHEN T. AZARIAN	
STREET ADDRESS	100 CROSBY DR.		3.3 STREET ADDRESS	4G CROSBY DR	
CITY-ST-ZIP	BEDFORD MA 01730		3.4 CITY-ST-ZIP	BEDFORD, MA 01730	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.