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FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005031 (8)**

1. Corporation Name
MYDATA AUTOMATION, INC.

Principal Place of Business

**MYDATA AUTOMATION INC
TEN TECHNOLOGY DR
PEABODY MA 01960
US**

Mailing Address

**MYDATA AUTOMATION INC
TEN TECHNOLOGY DR
PEABODY MA 01960-7976
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified
10/17/1995

3a. Date of Last Report
06/25/1996

4. FEI Number
04-3219080

Applied for
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE FL 32301-1283**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title of representative

(NOTE: First signed Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE
NAME **LUNDBERG, MARTEN**
STREET ADDRESS **BROMMA, SWEDEN**
CITY-STATE-ZIP **KARLSBODAVAGEN 39**

TITLE **DP** ☐ DELETE
NAME **DUFFEY, BRIAN**
STREET ADDRESS **99 ROSEWOOD DR., STE. 280**
CITY-STATE-ZIP **DANVERS MA 01923**

TITLE **S** ☐ DELETE
NAME **DEMARCO, JAMES**
STREET ADDRESS **99 ROSEWOOD DR., STE. 280**
CITY-STATE-ZIP **DANVERS MA 01923**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE **President** ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **10 Technology Drive**

2.4 CITY-STATE-ZIP **Peabody, Ma. 01960**

3.1 TITLE **Controller** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS **10 Technology Drive.**

3.4 CITY-STATE-ZIP **Peabody, Ma. 01960**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do 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.

SIGNATURE:

[Signature] 4-28-97

CR2E034 (9/96)