2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003952

Title:

Name:

Title:

Address:

City-St-Zip:

Address:

City-St-Zip:

100 CAMBRIDGEPARK DRIVE

100 CAMBRIDGEPARK DRIVE

() Delete

() Delete

CAMBRIDGE, MA 02140

CAMBRIDGE, MA 02140

CUTLER, MARC

SVP

Entity Name: CAMBRIDGE SYSTEMATICS, INC

FILED Apr 29, 2009 Secretary of State

•		,					
Current Principal Place of Business:				New Principal Place of Business:			
100 CAMBRIDGEPARK DRIVE CAMBRIDGE, MA 02140				100 CAMBRIDGEPARK DRIVE SUITE 400 CAMBRIDGE, MA 02140			
Current Mailing Address:				New Mailing Address:			
100 CAMBRIDGEPARK DRIVE CAMBRIDGE, MA 02140				100 CAMBRIDGEPARK DRIVE SUITE 400 CAMBRIDGE, MA 02140			
FEI Number:	: 04-2505095	FEI Number Applied For ()	FEI Nur	nber Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1201 HAYS	ATION SERVIC S STREET SSEE, FL 323	CE COMPANY 012525 US					
	named entity : e of Florida.	submits this statement for the p	ourpose o	of changing i	ts registered	office or registered agent, or both,	
SIGNATUR	RE:						
Flaction Con		nic Signature of Registered Age	ent			Date	
	-	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	NEUMANN, LAI	GEPARK DRIVE		Title: Name: Address: City-St-Zip:	NEUMANN, L	DGEPARK DR, STE 400	
Title: Name: Address: City-St-Zip:	TAGGART, RO	GEPARK DRIVE		Title: Name: Address: City-St-Zip:	TAGGART, R	DGEPARK DR, STE 400	
Title: Name: Address: City-St-Zip:	GRENZEBACK	GEPARK DRIVE		Title: Name: Address: City-St-Zip:	GRENZEBAC	DGEPARK DR, STE 400	
Title: Name:	S ()) Delete RT W		Title: Name:	S (FOWLE, ALB	X) Change ()Addition ERT W	

PICKRELL, STEVEN M PICKRELL, STEVEN M Name: Name: 100 CAMBRIDGEPARK DRIVE Address: 100 CAMBRIDGEPARK DR, STE 400 Address: CAMBRIDGE, MA 02140 CAMBRIDGE, MA 02140 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Title:

Address:

City-St-Zip:

Address:

City-St-Zip:

100 CAMBRIDGEPARK DR, STE 400

100 CAMBRIDGEPARK DR. STE 400

(X) Change () Addition

(X) Change () Addition

CAMBRIDGE, MA 02140

CAMBRIDGE, MA 02140

CUTLER, MARC C

SIGNATURE: ALBERT W. FOWLE 04/29/2009 S