

2019 FOREIGN PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F96000003952

Entity Name: CAMBRIDGE SYSTEMATICS, INC.**Current Principal Place of Business:**101 STATION LANDING
SUITE 410
MEDFORD, MA 02155**Current Mailing Address:**101 STATION LANDING
SUITE 410
MEDFORD, MA 02155 US**FEI Number:** 04-2505095**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name WRIGHT, BRADFORD W
Address 101 STATION LANDING
 SUITE 410
City-State-Zip: MEDFORD MA 02155

Title TREASURER
Name NOCITO, KAREN
Address 101 STATION LANDING
 SUITE 410
City-State-Zip: MEDFORD MA 02155

Title SECRETARY
Name FOWLE, ALBERT W.
Address 101 STATION LANDING
 SUITE 410
City-State-Zip: MEDFORD MA 02155

Title DIRECTOR
Name FRANKEL, EMIL
Address 1620 22ND STREET, NW
City-State-Zip: WASHINGTON, DC 20008

Title DIRECTOR
Name STEIN, KATHLEEN E.
Address 9 MCKINLEY STREET
City-State-Zip: CONCORD NH 03301

Title DIRECTOR
Name NEUMANN, LANCE A.
Address 101 STATION LANDING
 SUITE 410
City-State-Zip: MEDFORD MA 02155

Title DIRECTOR
Name KASAMEYER, ROBERT A.
Address 103 NORTH MAIN STREET
City-State-Zip: COHASSET MA 02025

Title DIRECTOR
Name FERREIRA, DAVID F.
Address 24 LEE STREET
City-State-Zip: CAMBRIDGE MA 02139

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I hereby 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 all other like empowered.

SIGNATURE: KAREN NOCITO

TREASURER

01/15/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	SKINNER, ROBERT
Address	1007 B LINCOLN AVENUE
City-State-Zip:	FALLS CHURCH VA 22046