

**2021 FOREIGN PROFIT CORPORATION 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        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, CHAIRMAN  
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

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

**Continues on page 2**

*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:** ALBERT W. FOWLE**SECRETARY****04/28/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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