

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90207 038 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **821259**

1. Corporation Name

DIGITAL EQUIPMENT CORPORATION

Principal Place of Business

**111 POWDERMILL ROAD
MS02-2/F23
MAYNARD MA 01754
US**

Mailing Address

**ATTN: ACCOUNTS PAYABLE
P.O. BOX 4057
HOUSTON TX 77210
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1968

4. FEI Number

04-2226590

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 owes the current year
Intangible Personal Property.

☐

Yes ☐ No

2. Principal Place of Business

129 Parker Street

2a. Mailing Address

P.O. Box 310

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Maynard, MA

City & State

Maynard, MA

Zip

01754

Country

Zip

01754

Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VT** ☒ DELETE

NAME **MILBURY, PAUL J**
STREET ADDRESS **111 POWERMILL RD**
CITY-ST-ZIP **MAYNARD MA**

TITLE **D** ☒ DELETE

NAME **ALDEN, VERNON R**
STREET ADDRESS **111 POWDERMILL RD**
CITY-ST-ZIP **MAYNARD MA**

TITLE **PD** ☒ DELETE

NAME **PALMER, ROBERT B.**
STREET ADDRESS **111 POWDERMILL RD**
CITY-ST-ZIP **MAYNARD MA**

TITLE **D** ☒ DELETE

NAME **FELDSTEIN, KATHLEEN**
STREET ADDRESS **111 POWDERMILL ROAD**
CITY-ST-ZIP **MAYNARD MA**

TITLE **CFO** ☒ DELETE

NAME **MULLARKEY, VINCENT J.**
STREET ADDRESS **111 POWDERMILL RD**
CITY-ST-ZIP **MAYNARD MA**

TITLE **D** ☒ DELETE

NAME **CHANDLER, COLBY H**
STREET ADDRESS **111 POWDERMILL RD**
CITY-ST-ZIP **MAYNARD MA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **Edward M. Straw**
1.3 STREET ADDRESS **20555 SH 249**
1.4 CITY-ST-ZIP **Houston, TX 77070**

2.1 TITLE **Vice President Secretary & Clerk** ☒ Change ☐ Addition

2.2 NAME **Joseph Tasker, Jr.**
2.3 STREET ADDRESS **20555 SH 249**
2.4 CITY-ST-ZIP **Houston, TX 77070**

3.1 TITLE **VP & Corporate Treasurer** ☒ Change ☐ Addition

3.2 NAME **Ben K. Wells**
3.3 STREET ADDRESS **20555 SH 249**
3.4 CITY-ST-ZIP **Houston, TX 77070**

4.1 TITLE **Director** ☒ Change ☐ Addition

4.2 NAME **Enrico Pesatori**
4.3 STREET ADDRESS **20555 SH 249 Houston, TX 77070**
4.4 CITY-ST-ZIP **Houston, TX 77070**

5.1 TITLE **Director** ☒ Change ☐ Addition

5.2 NAME **Edward M. Straw**
5.3 STREET ADDRESS **20555 SH 249**
5.4 CITY-ST-ZIP **Houston, TX 77070**

6.1 TITLE **Director** ☒ Change ☐ Addition

6.2 NAME **Ben K. Wells**
6.3 STREET ADDRESS **20555 SH 249**
6.4 CITY-ST-ZIP **Houston, TX 77070**

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.

SIGNATURE: **Ben K. Wells** REQUIRED

CR2E034 (5/99)