

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

0120689

PROFIT CORPORATION ANNUAL REPORT **1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **821259**

1. Corporation Name
DIGITAL EQUIPMENT CORPORATION



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
03/20/1968

4. FEI Number
04-2226590

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

21 **129 Parker Street**

22 Suite, Apt. #, etc.

23 **Maynard, MA**

24 Zip **01754** 25 Country

2a. Mailing Address

26 **P.O. Box 310**

27 Suite, Apt. #, etc.

28 **Maynard, MA**

29 Zip **01754** 30 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VT <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILBURY, PAUL J	1.2 NAME	Edward M. Straw
STREET ADDRESS	111 POWERMILL RD	1.3 STREET ADDRESS	20555 SH 249
CITY-ST-ZIP	MAYNARD MA	1.4 CITY-ST-ZIP	Houston, TX 77070 <input checked="" type="checkbox"/>
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President Secretary & Clerk <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDEN, VERNON R	2.2 NAME	Joseph Tasker, Jr.
STREET ADDRESS	111 POWERMILL RD	2.3 STREET ADDRESS	20555 SH 249
CITY-ST-ZIP	MAYNARD MA	2.4 CITY-ST-ZIP	Houston, TX 77070
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP & Corporate Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, ROBERT B.	3.2 NAME	Ben K. Wells
STREET ADDRESS	111 POWERMILL RD	3.3 STREET ADDRESS	20555 SH 249
CITY-ST-ZIP	MAYNARD MA	3.4 CITY-ST-ZIP	Houston, TX 77070
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDSTEIN, KATHLEEN	4.2 NAME	Enrico Pesatori
STREET ADDRESS	111 POWERMILL ROAD	4.3 STREET ADDRESS	20555 SH 249 Houston, TX 77070
CITY-ST-ZIP	MAYNARD MA	4.4 CITY-ST-ZIP	
TITLE	CFO <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLARKEY, VINCENT J.	5.2 NAME	Edward M. Straw
STREET ADDRESS	111 POWERMILL RD	5.3 STREET ADDRESS	20555 SH 249
CITY-ST-ZIP	MAYNARD MA	5.4 CITY-ST-ZIP	Houston, TX 77070
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, COLBY H	6.2 NAME	Ben K. Wells
STREET ADDRESS	111 POWERMILL RD	6.3 STREET ADDRESS	20555 SH 249
CITY-ST-ZIP	MAYNARD MA	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)