

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 14 PM 2:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 825095 (3)

1. Corporation Name

BULL HN INFORMATION SYSTEMS INC.

Principal Place of Business

**TECHNOLOGY PARK
M/S 302N
BILLERICA MA 01821**

Mailing Address

**TECHNOLOGY PARK
M/S 302N
BILLERICA MA 01821**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/22/1970

3a. Date of Last Report

03/09/1994

4. FEI Number

41-0962923

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 300 CONCORD ROAD

Suite, Apt. #, etc.

22 M/S 887A

City & State

23 BILLERICA, MA.

Zip

24 01821

Country

25 MIDDLESEX

2a. Mailing Address

26 300 CONCORD ROAD

Suite, Apt. #, etc.

27 M/S 887A

City & State

28 BILLERICA, MA.

Zip

29 01821

Country

30 MIDDLESEX

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 recording)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**EVS
GALLAGHER, THOMAS J
TECHNOLOGY PARK
BILLERICA MA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VT
BYRNE, BRIAN A.
TECHNOLOGY PARK
BILLERICA MA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
GALLOIS, ROGER
121 AVE DE MALAKOFF
75764 PARIS CEDEX 16 FR**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PO
LEBLOIS, AXEL J
TECHNOLOGY PARK
BILLERICA MA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**AS
MAHER, THOMAS R
TECHNOLOGY PARK
BILLERICA MA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
KELLY, ROBERT J
TECHNOLOGY PARK
BILLERICA MA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

300 CONCORD ROAD

2 1 TITLE
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

**VICE PRESIDENT & TREASURER
JOHN D. GIORDANO
300 CONCORD ROAD
BILLERICA, MA.**

3 1 TITLE
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

**DIRECTOR
CAMILLE DE MONTALIVET
68, ROUTE DE VERSAILLES
78430 LOUVECIENNES FRANCE**

4 1 TITLE
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

300 CONCORD ROAD

5 1 TITLE
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

300 CONCORD ROAD

6 1 TITLE
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

**Executive Vice President
300 CONCORD ROAD**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Thomas R. Maher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 17, 1995
DATE

508-294-6766
TELEPHONE #

Bull HN Information Systems Inc.
300 Concord Road
Billerica, MA 01821

508 294 6000

825095

**Bull HN
Information
Systems**

Bull

April 6, 1995

State of Florida
Divisions of Corporations
Annual Reports Section
Post Office Box 1500
Tallahassee, Florida 32302-1500

Gentlemen:

Enclosed please find Bull HN Information Systems Inc.
State of Florida 1995 Corporation Annual Report along
with the applicable filing fee of \$200.00.

If there are any questions regarding the enclosed,
please write to me or call (508) 294-5309.

Sincerely,

Aristides C. Speros

Aristides C. Speros
Tax Manager
(508) 294-5309

Enclosures