

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 06 1997 8:00am  
Secretary of State

DOCUMENT # 825095 (3)  
1. Corporation Name  
BULL HN INFORMATION SYSTEMS INC.



Principal Place of Business  
300 CONCORD ROAD  
M/S 887A  
BILLERICA MA 01821  
US

Mailing Address  
300 CONCORD ROAD  
M/S 887A  
BILLERICA MA 01821-3465  
US

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
09/22/1970

3a. Date of Last Report  
10/07/1996

4. FEI Number  
41-0962923

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

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	EVS	<input type="checkbox"/> DELETE
NAME	GALLAGHER, THOMAS J	
STREET ADDRESS	300 CONCORD ROAD	
CITY-ST-ZIP	BILLERICA MA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	GIORDANO, JOHN D	
STREET ADDRESS	300 CONCORD ROAD	
CITY-ST-ZIP	BILLERICA MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DE MONTALIVET, CAMILLE	
STREET ADDRESS	68 ROUTE DE VERSAILLES	
CITY-ST-ZIP	78430 LOUVECIENNES FR	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MAHER, THOMAS R	
STREET ADDRESS	300 CONCORD ROAD	
CITY-ST-ZIP	BILLERICA MA	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, ROBERT J	
STREET ADDRESS	300 CONCORD ROAD	
CITY-ST-ZIP	BILLERICA MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	P ZERESKI, DONALD
5.3 STREET ADDRESS	300 CONCORD ROAD
5.4 CITY-ST-ZIP	BILLERICA, MA
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: Thomas R. Maher 4/28/97 508-294-6766

CR2E034 (9/96)