


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 825095 1. Entity Name BULL HN INFORMATION SYSTEMS INC.	
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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 US
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DO NOT WRITE IN THIS SPACE



02182004 No Chg-P CR2E034 (10/03)

4. FEI Number 41-0962923	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000071987 03/01/04-80093-015 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS OGLE, KURT A 300 CONCORD ROAD BILLERICA, MA 01821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDANIEL, DIANNE 13430 NORTH BLACK CANYON HIGHWAY PHOENIX, AZ 85029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PELLISSIER, GERVAIS 68 ROUTE DE VERSAILLES 78430 LOUVECIENNES, FR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MAHER, THOMAS R 300 CONCORD ROAD BILLERICA MA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, CECILE 300 CONCORD ROAD BILLERICA, MA 01821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXPD President BURBANK, JONATHAN J 300 CONCORD ROAD BILLERICA, MA 018214186

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas R. Maher **THOMAS R. MAHER** 2/23/04 978-294-6766
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #