

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # 825095**

1. Entity Name  
BULL HN INFORMATION SYSTEMS INC.



Principal Place of Business

296 CONCORD RD  
STE 180  
BILLERICA, MA 01821 US

Mailing Address

296 CONCORD RD  
STE 180  
BILLERICA, MA 01821 US



04062007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
41-0962923

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**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 BRADBURY, DAVID W 296 CONCORD RD STE 180 BILLERICA, MA 01821
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOYAU, CHRISTIAN RUE JEAN JAURES LES CLAYES BOIS, FR 78430
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	P BURBANK, JONATHAN J 300 CONCORD ROAD BILLERICA, MA 018214186

U00000717160  
04/30/07-80037-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Asst. Secretary 4/9/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #