

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 MAR 24 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 830346 (3)
1. Corporation Name
BBN CORPORATION



Principal Place of Business
150 CAMBRIDGE PARK DRIVE
CAMBRIDGE MA 02140
US

Mailing Address
150 CAMBRIDGE PARK DR.
CAMBRIDGE MA 02140
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1973	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-2164398	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONRADES, GEORGE H	1.2 NAME	
STREET ADDRESS	150 CAMBRIDGE PARK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NITIKMAN, NANCY J.	2.2 NAME	
STREET ADDRESS	150 CAMBRIDGE PARK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA	2.4 CITY-ST-ZIP	
TITLE	VPAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONTJOY, JOHN	3.2 NAME	
STREET ADDRESS	5 SIMON HAPGOOD LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATSPOULOS, GEORGE N	4.2 NAME	
STREET ADDRESS	233 TOWER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, ANDREW L	5.2 NAME	
STREET ADDRESS	10 OXFORD ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINCHESTER MA	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASKIN, BRUCE L	6.2 NAME	
STREET ADDRESS	150 CAMBRIDGE PARK DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA	6.4 CITY-ST-ZIP	

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

George Conrades George Conrades 02/20/98 (617) 833-6353

CR2E034 (10/97)