

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

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Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 830832

(2)

1. Corporation Name  
**COMPUTERVISION CORPORATION**

Principal Place of Business

100 CROSBY DRIVE  
MS 21-13  
BEDFORD MA 01730

Mailing Address

100 CROSBY DRIVE  
MS 21-13  
BEDFORD MA 01730-1402



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/13/1973</b>	3a. Date of Last Report <b>04/15/1996</b>
21		26		4. FEI Number <b>04-2491912</b>	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLANITZER, RUSSELL E. ✓	1.2 NAME	SEE ATTACHMENT "A"
STREET ADDRESS	10 APPLETON ST.		
CITY-ST-ZIP	CAMBRIDGE MA 02139	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTE, KATHLEEN ✓	2.2 NAME	SEE ATTACHMENT "A"
STREET ADDRESS	58 NORTH ST.		
CITY-ST-ZIP	LEXINGTON MA 02173	2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIORÉ, ANTHONY N. JR. ✓	3.2 NAME	(SEE ATTACHMENT "A")
STREET ADDRESS	18 GOWARD DR.		
CITY-ST-ZIP	MANSFIELD MA 02048	3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTE, KATHLEEN A.	4.2 NAME	SEE ATTACHMENT "A"
STREET ADDRESS	100 CROSBY DRIVE		
CITY-ST-ZIP	BEDFORD MA	4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	VPT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, KEVIN	5.2 NAME	SEE ATTACHMENT "A"
STREET ADDRESS	100 CROSBY DRIVE		
CITY-ST-ZIP	BEDFORD MA	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIMOLDI, ATTILIO ✓	6.2 NAME	SEE ATTACHMENT "A"
STREET ADDRESS	100 CROSBY DRIVE		
CITY-ST-ZIP	BEDFORD MA	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

*[Signature]*  
Sandra B. Mortham, Secretary of State, 4401 N. ...

CR2E034 (9/96)