

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 835144 (7)

1. Corporation Name

CONSULTANTS & DESIGNERS (TECHNICAL SERVICES), IN  
C.



Principal Place of Business

1980 N ATLANTIC AVE.  
#430  
COCOA BCH. FL 32931  
US

Mailing Address

639 MASSACHUSETTS AVE.  
CAMBRIDGE MA 02139  
US

3. Date Incorporated or Qualified  
10/06/1975

3a. Date of Last Report  
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

86-0278829

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

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

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 PTD ☒ DELETE  
NAME MCGRATH, DAVID J., JR.  
STREET ADDRESS 300 BOYLSTON STREET  
CITY-ST-ZIP BOSTON MA

1.1 TITLE President/Director ☒ Change ☐ Addition  
1.2 NAME James S. DAVIS  
1.3 STREET ADDRESS 639 Massachusetts Ave  
1.4 CITY-ST-ZIP Cambridge MA

TITLE VSD ☐ DELETE  
NAME KATTER, WILLIAM  
STREET ADDRESS 639 MASS AVE  
CITY-ST-ZIP CAMBRIDGE MA

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ASD ☐ DELETE  
NAME WIRTZ, NORMAN R.  
STREET ADDRESS 15 STILLWELL AVENUE  
CITY-ST-ZIP CAMBRIDGE MA

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE AS ☐ DELETE  
NAME DACEY, DENNIS J  
STREET ADDRESS 639 MASSACHUSETTS AVE.  
CITY-ST-ZIP CAMBRIDGE MA

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ASVP ☐ DELETE  
NAME CHIPMAN, RICHARD J  
STREET ADDRESS 639 MASS AVE  
CITY-ST-ZIP CAMBRIDGE MA

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP & Asst Secretary

March, 1996

Date

Daytime Phone #

CR2E034 (12/95)