SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **843514** **(1)**

1. Corporation Name
MULTISYSTEMS CONSULTING, INC.

Principal Place of Business	Mailing Address
10 FAWCETT STREET **CAMBRIDGE MA 02138**	**10 FAWCETT STREET** **CAMBRIDGE MA 02138**

3. Date Incorporated or Qualified: **06/20/1979**
3a. Date of Last Report: **12/19/1995**

2. Principal Place of Business — 21:
Suite, Apt #, etc — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt #, etc — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **04-2451589** ☐ 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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when name is changed.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PB	☐ DELETE	1.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	JOHN P. ATTANUCCI		1.2 NAME		
STREET ADDRESS	2045 MASS. AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON MA 02173		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KETH W. FORSTALL		2.2 NAME		
STREET ADDRESS	99 MERIAM ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON MA 02173		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KARLA H. KARASH		3.2 NAME		
STREET ADDRESS	47 CHESTNUT ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02173		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	H. GUENTER LOESER		4.2 NAME		
STREET ADDRESS	13 CLEVELAND ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	N.ANDOVER MA 01845		4.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RICHARD H. ORENSTEIN		5.2 NAME		
STREET ADDRESS	5 DAYBREAK LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WESTPORT CT 06881		5.4 CITY-ST-ZIP		
TITLE	B	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JOSEPH M. SUSSMAN		6.2 NAME		
STREET ADDRESS	SANDY POND		6.3 STREET ADDRESS		
CITY-ST-ZIP	LINCOLN MA 01773		6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John P. Attanucci 7/30/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date