

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

FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **843514** (1)
1. Corporation Name
MULTISYSTEMS CONSULTING, INC.

Principal Place of Business 10 FAWCETT STREET CAMBRIDGE MA 02138	Mailing Address 10 FAWCETT STREET CAMBRIDGE MA 02138-1110
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3. Date Incorporated or Qualified 06/20/1979	3a. Date of Last Report 08/02/1996
4. FEI Number 04-2451589	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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	85 Zip Code
	FL

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PBT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN P. ATTANUCCI	1.2 NAME	
STREET ADDRESS	2045 MASS. AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	H. GUENTER LOESER	4.2 NAME	Treasurer
STREET ADDRESS	13 CLEVELAND ST	4.3 STREET ADDRESS	Douglas S. Reid
CITY-ST-ZIP	NANDOVER MA 01845	4.4 CITY-ST-ZIP	97 Park St. Pepperell, MA 01463
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

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 included 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:  President 3/4/97 (617) 864-5810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000616

CR2E034 (9/96)