

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

FILED

Feb 18 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

10 FAWCETT STREET  
CAMBRIDGE MA 02136

Mailing Address

10 FAWCETT STREET  
CAMBRIDGE MA 02136

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address

26 Suite, Apt #, etc.  
27 City & State  
28 Zip Country  
29

3. Date Incorporated or Qualified

06/20/1979

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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

Signature typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PBT	<input type="checkbox"/> DELETE
NAME	JOHN P. ATTANUCCI	
STREET ADDRESS	2045 MASS. AVE	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KETH W. FORSTALL	
STREET ADDRESS	99 MERIAM ST.	
CITY-ST-ZIP	LEXINGTON MA 02178	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KARLA H. KARASH	
STREET ADDRESS	47 CHESTNUT ST	
CITY-ST-ZIP	BOSTON MA 02173	
TITLE	T	<input type="checkbox"/> DELETE
NAME	REID, DOUGLAS S	
STREET ADDRESS	97 PARK ST.	
CITY-ST-ZIP	PEPPERELL MA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	RICHARD H. ORENSTEIN	
STREET ADDRESS	5 DAYBREAK LANE	
CITY-ST-ZIP	WESTPORT CT 06881	
TITLE	B	<input type="checkbox"/> DELETE
NAME	JOSEPH M. SUSSMAN	
STREET ADDRESS	SANDY POND	
CITY-ST-ZIP	LINCOLN MA 01773	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/98

(617) 864-5810

Date Daytime Phone # 0000275

CR2E034 (10/97)