

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State
02-17-2002 90062 018 ***150.00

0571047 AT

DOCUMENT # 843514

1. Entity Name
MULTISYSTEMS CONSULTING, INC.

Principal Place of Business

**10 FAWCETT STREET
CAMBRIDGE MA 02138**

Mailing Address

**10 FAWCETT STREET
CAMBRIDGE MA 02138**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2451589

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PBT	<input checked="" 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 02173	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KARLA H. KARASH	
STREET ADDRESS	47 CHESTNUT ST	
CITY-ST-ZIP	BOSTON MA 02173	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	REID, DOUGLAS S	
STREET ADDRESS	97 PARK ST.	
CITY-ST-ZIP	PEPPERELL MA	
TITLE	CD	<input type="checkbox"/> Delete
NAME	VAN DERAA, TERRY	
STREET ADDRESS	ONE MID AMERICA PLAZA	
CITY-ST-ZIP	OAKBROOK IL 60181	
TITLE	B.	<input type="checkbox"/> Delete
NAME	DURHAM, LARRY	
STREET ADDRESS	3901 WATERS EDGE DR	
CITY-ST-ZIP	AUSTIN TX 78731	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES LONG-ATC	
STREET ADDRESS	ONE MID AMERICA PLAZA-Suite 401	
CITY-ST-ZIP	OAKBROOK TERRACE, IL 60181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID GALANIS, CFO	
STREET ADDRESS	ONE MID AMERICA PL-Suite 401	
CITY-ST-ZIP	OAKBROOK TERRACE, IL 60181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)