

5-9-97 B-16772 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 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 # 852880

(4)

1. Corporation Name

STRATUS COMPUTER, INC.

Principal Place of Business

55 FAIRBANKS BLVD
MARLBORO MA 01752

Mailing Address

55 FAIRBANKS BLVD
MARLBORO MA 01752-1242



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/17/1982		3a. Date of Last Report 04/24/1996	
21	26	4. FEI Number 04-2697554		Applied For		Not Applicable	
22		27		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE	C	13. 1.1 TITLE	
NAME	FOSTER, WILLIAM E.	12 NAME	
STREET ADDRESS	32 SADDLEBROOK RD.	13 STREET ADDRESS	
CITY-ST-ZIP	SHERBORN MA	14 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	
NAME	DONAHUE, ROBERT F	22 NAME	
STREET ADDRESS	298 HOWARD STREET	23 STREET ADDRESS	
CITY-ST-ZIP	NORTH BOROUG MA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	CAMPENELLA, GERALD	3.2 NAME	
STREET ADDRESS	28 JACKSON CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARLBORO MA	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	
NAME	CASAL, EILEEN	4.2 NAME	
STREET ADDRESS	FIVE SCARSDALE ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WORCESTER MA	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	
NAME	HAROLAN, GARY E.	5.2 NAME	
STREET ADDRESS	SIX MAPLE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOPKINTON MA	5.4 CITY-ST-ZIP	
TITLE	VPC	6.1 TITLE	
NAME	GAMACHE, DAVID	6.2 NAME	
STREET ADDRESS	10 GRANITE ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOPKINTON MA	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 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:

Sandra B. Mortham

4/23/97 (508)460-2000

CR2E034 (9/96)