

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 853315 (0)

1. Corporation Name

PACER SYSTEMS, INC.



Principal Place of Business

900 TECHNOLOGY PARK DR.
BILLERICA MA 01821

Mailing Address

900 TECHNOLOGY PARK DR.
BILLERICA MA 01821

3. Date Incorporated or Qualified
06/29/1982

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
04-2438432

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

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST, STE 105
TALLAHASSEE FL 32301

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 607.0532 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
CD
RENNIE, JOHN C.
18 HARVARD DR.
BEDFORD MA

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
V
MILLER, PAUL E
5 Celtic Ave
BillERICA MA 01821

1.1 TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
TSD
KOCZERA, RUDOLPH R
1225 SALEM ST
NORTH ANDOVER MA

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

1.1 TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
PD
GOLDBLUM, SIGMUND H.
227 BISHOPS FOREST DR.
WALTHAM MA

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

1.1 TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
D
HARTLEY, JOHN G.
79 BLVD D'ITALIE MONTE CARLO
MONACO FR

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

1.1 TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
D
MERKEL, DANIEL
2894 BUSH ST
SAN FRANCISCO CA

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

1.1 TITLE ☒ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP
D
WILLIAMS, CHARLES
6 ROCKY CREEK TR.
ORMOND BEACH FL

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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

SIGNATURE:

Paul Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/96 (504) 667-8800
Date Daytime Phone #

CR2E034 (12/95)