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

FILED
May 21 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 # **853315** **(0)**

1. Corporation Name
PACER INFOTEC, INC.

Principal Place of Business
900 TECHNOLOGY PARK DR.
BILLERICA MA 01821

Mailing Address
900 TECHNOLOGY PARK DR.
BILLERICA MA 01821

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **23 Fourth Avenue**
Suite, Apt. #, etc.
22
City & State
23 **Burlington, MA**
Zip 24 **01803-3303** Country 25 **U.S.**

2a. Mailing Address
26 **23 Fourth Avenue**
Suite, Apt. #, etc.
27
City & State
28 **Burlington, MA**
Zip 29 **01803-3303** Country 30 **U.S.**

3. Date Incorporated or Qualified
06/29/1982

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST, STE 105
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**CD**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**RENNIE, JOHN C.**		1.2 NAME	
STREET ADDRESS	**18 HARVARD DR.**		1.3 STREET ADDRESS	
CITY-ST-ZIP	**BEDFORD MA**		1.4 CITY-ST-ZIP	
TITLE	**TS**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**KOCZERA, RUDOLPH R**		2.2 NAME	
STREET ADDRESS	**1225 SALEM ST**		2.3 STREET ADDRESS	
CITY-ST-ZIP	**NORTH ANDOVER MA**		2.4 CITY-ST-ZIP	
TITLE	**PD**	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	**GOLDBLUM, SIGMUND H.**		3.2 NAME	
STREET ADDRESS	**227 BISHOPS FOREST DR.**		3.3 STREET ADDRESS	
CITY-ST-ZIP	**WALTHAM MA**		3.4 CITY-ST-ZIP	
TITLE	**D**	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	**NIEBLA, J. FERNADO**		4.2 NAME	
STREET ADDRESS	**7524 SADDLEHILL TRAIL**		4.3 STREET ADDRESS	
CITY-ST-ZIP	**ORANGE CA 92669**		4.4 CITY-ST-ZIP	
TITLE	**D**	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	**MERKEL, DANIEL**		5.2 NAME	
STREET ADDRESS	**2894 BUSH ST**		5.3 STREET ADDRESS	
CITY-ST-ZIP	**SAN FRANCISCO CA**		5.4 CITY-ST-ZIP	
TITLE	**V**	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	**MILLER, PAUL E**		6.2 NAME	
STREET ADDRESS	**5 CELTIC AVE**		6.3 STREET ADDRESS	
CITY-ST-ZIP	**BILLERICA MA**		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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: _____ 781-324-0990