2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# F02000005510

Entity Name: AVIDYNE CORPORATION

Current Principal Place of Business:

420 N WICKHAM ROAD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

55 OLD BEDFORD RD.
LINCOLN, MA 01773

New Mailing Address:

FEI Number: 04-3213876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWIN, DANIEL J
420 N. WICKHAM ROAD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CPD	( ) Delete
Name:	SCHWINN, DANIEL J	
Address:	C/O AVIDYNE, 55 OLD BEDFORD RD.	
City-St-Zip:	LINCOLN, MA 01773	
Title:	V	( ) Delete
Name:	HERGUTH, PATRICK	
Address:	C/O AVIDYNE, 55 OLD BEDFORD RD.	
City-St-Zip:	LINCOLN, MA 01773	
Title:	ST	( ) Delete
Name:	KRAUSS, PAUL E	
Address:	C/O AVIDYNE, 55 OLD BEDFORD RD.	
City-St-Zip:	LINCOLN, MA 01773	
Title:	D	( ) Delete
Name:	MAEDER, PAUL	
Address:	C/O AVIDYNE, 55 OLD BEDFORD RD	
City-St-Zip:	LINCOLN, MA 01773	
Title:	D	( ) Delete
Name:	HANSMAN, R. JOHN	
Address:	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	
City-St-Zip:	CAMBRIDGE, MA 021394307	
Title:	D	( ) Delete
Name:	YANKOWSKI, CARL	
Address:	125 FARM STREET	
City-St-Zip:	DOVER, MA 02030	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VP	(X) Change ( ) Addition
Name:	HERGUTH, PATRICK	
Address:	C/O AVIDYNE, 55 OLD BEDFORD RD.	
City-St-Zip:	LINCOLN, MA 01773	
Title:	CFO	(X) Change ( ) Addition
Name:	MALLECK, REED W	
Address:	C/O AVIDYNE, 55 OLD BEDFORD RD.	
City-St-Zip:	LINCOLN, MA 01773	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REED MALLECK CFO 04/13/2009

Electronic Signature of Signing Officer or Director — Date