

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000001366 (4)

1. Corporation Name

CAMBRIDGE TECHNOLOGY PARTNERS (MASSACHUSETTS), I
NC.



Principal Place of Business

Mailing Address

304 VASSAR STREET
CAMBRIDGE MA 02139

304 VASSAR STREET
CAMBRIDGE MA 02139

3. Date Incorporated or Qualified
03/18/1993

3a. Date of Last Report
08/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

06-1320610

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 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 607.0502 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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SIMS, JAMES K
STREET ADDRESS 304 VASSAR STREET
CITY-ST-ZIP CAMBRIDGE MA 02139

TITLE VST ☐ DELETE

NAME TOSCANINI, ARTHUR M
STREET ADDRESS 304 VASSAR STREET
CITY-ST-ZIP CAMBRIDGE MA 02139

TITLE D ☐ DELETE

NAME MUSSER, WARREN V
STREET ADDRESS 231 ATTLEE ROAD
CITY-ST-ZIP WAYNE PA 19087

TITLE D ☐ DELETE

NAME TEMPEL, JEAN C
STREET ADDRESS 202 YORKTOWN PLACE
CITY-ST-ZIP BERWYN PA 19312

TITLE D ☐ DELETE

NAME KEITH, ROBERT JR
STREET ADDRESS 749 CAMP WOODS ROAD
CITY-ST-ZIP VILLANOVA PA 19085

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change: ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change: ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change: ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change: ☐ Addition

4.2 NAME TEMPEL, JEAN C
4.3 STREET ADDRESS 95 CARLTON STREET
4.4 CITY-ST-ZIP BROOKLINE, MA 02146

5.1 TITLE ☐ Change: ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change: ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

Date

617-374-9800

Daytime Phone #

CR2E034 (12/95)