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FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000001366 (4)

1. Corporation Name

CAMBRIDGE TECHNOLOGY PARTNERS (MASSACHUSETTS), INC.

Principal Place of Business

304 VASSAR STREET  
CAMBRIDGE MA 02139

Mailing Address

304 VASSAR STREET  
CAMBRIDGE MA 02139-4817



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

03/18/1993

3a. Date of Last Report

05/01/1996

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

9. Name and Address of Current Registered Agent

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

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	<input type="checkbox"/> DELETE
NAME	SIMS, JAMES K	
STREET ADDRESS	304 VASSAR STREET	
CITY-ST-ZIP	CAMBRIDGE MA 02139	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	TOSCANINI, ARTHUR M	
STREET ADDRESS	304 VASSAR STREET	
CITY-ST-ZIP	CAMBRIDGE MA 02139	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUSSER, WARREN V	
STREET ADDRESS	231 ATTLEE ROAD	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEMPEL, JEAN C	
STREET ADDRESS	95 CARLTON STREET	
CITY-ST-ZIP	BROOKLINE MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KEITH, ROBERT JR	
STREET ADDRESS	749 CAMP WOODS ROAD	
CITY-ST-ZIP	VILLANOVA PA 19085	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V/T
2.3 STREET ADDRESS	Toscanini, Arthur M
2.4 CITY-ST-ZIP	304 Vassar Street
2.5 CITY-ST-ZIP	Cambridge, MA 02139
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	S
6.3 STREET ADDRESS	O'Hare, James P.
6.4 CITY-ST-ZIP	304 Vassar Street
6.5 CITY-ST-ZIP	Cambridge, MA 02139

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

Date

617-374-9800

Daytime Phone # 0000248

CR2E034 (9/96)