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FILED  
Feb 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001366 (4)

1. Corporation Name

CAMBRIDGE TECHNOLOGY PARTNERS (MASSACHUSETTS), I  
NC.

Principal Place of Business

304 VASSAR STREET  
CAMBRIDGE MA 02139

Mailing Address

304 VASSAR STREET  
CAMBRIDGE MA 02139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/18/1993
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	06-1320610
24 Country	29 Country	Applied For
	30	Not Applicable

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  
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 607.0506, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIMS, JAMES K	
STREET ADDRESS	304 VASSAR STREET	
CITY- ST- ZIP	CAMBRIDGE MA 02139	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	TOSCANINI, ARTHUR M	
STREET ADDRESS	304 VASSAR STREET	
CITY- ST- ZIP	CAMBRIDGE MA	
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	S	<input type="checkbox"/> DELETE
NAME	O'HARE, JAMES P	
STREET ADDRESS	304 VASSAR STREET	
CITY- ST- ZIP	CAMBRIDGE MA	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. 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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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:

*Arthur Toscanini*

Arthur Toscanini

2/18/98

(617) 374-9800

CP2E034 (10/97)