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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300001366

1. Corporation Name

CAMBRIDGE TECHNOLOGY PARTNERS (MASSACHUSETTS), I

Pri	ncipal	Pla	ce o	t Bu	sines
204	V499	AR S	STRE	FT	

Mailing Address

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90107 015 ***150.00



304 vassar street Cambridge ma 02139		304 VASSAR STREET CAMBRIDGE MA 02139			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 03/18/1993			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	A	oplied For	١,
<u>,</u>		26				06-1320610	N-	ot Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.	⊢			5. Certifcate of Status Desired	7	Additional equired	
22		City & State	 			6. Election Campaign Financing	\$5.00	May Be	1
City & State		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax. ☑ Yes □ No			
	9. Name and Address of Curre	nt Registered Agent		,		10. Name and Address of New Reg	istered Agent		ł
			1	31 Name		;			
	PRENTICE-HALL CORPORATION HAYES STRET	N SYSTEM, INC.	1	32 Street	Addre:)			
SUITE 105			Į	33					1
IALL	AHASSEE FL 32301		1	B4 City		· · · · · · · · · · · · · · · · · · ·		Code	
office or re agent. I as	egistered agent, or both, in the State in familiar with, and accept the oblig:	ations of, Section 607.0505, Flor	rida Statut	es.	рогаціон	ration submits this statement for the pui i's board of directors. I hereby accept the	pose of changing its appointment as re	s registered egistered	
	Signature, typed or printed name of registered ag-			gent signature	required \	when reinstating) ADDITIONS/CHANGES TO OFFICE		OPS IN 12	1
12.		ND DIRECTORS	13.	_			Change	Addition	1:
TITLE	PD	☐ DELETE	1.1 TITL				☐ Griange		
NAME	SIMS, JAMES K		1.2 NAM			•			
STREET ADDRESS	304 VASSAR STREET		1.3 STR	EET ADDRESS	3				!
CITY-ST-ZIP	CAMBRIDGE MA 02139			/-ST-ZIP	1			Cin Addition	}
TITLE	VT	☐ DELETE	2.1 TITL	E	1	1	Change	Addition	
NAME	TOSCANINI, ARTHUR M		2.2 NAN	Œ	-				
STREET ADDRESS	304 VASSAR STREET		2.3 STR	EET ADDRESS	s				-
CITY-ST-ZIP	CAMBRIDGE MA		2. 4 CIT	Y-ST-ZIP			-		1
TITLE	D	☐ DELETE	3.1 TITL	E	'		☐ Change	Addition	
NAME	MUSSER, WARREN V		3.2 NAA	Æ					
STREET ADDRESS	and arm no poss		3.3 STR	EET ADORES	s			·	
CITY-ST-ZIP	WAYNE PA 19087		3.4. CIT	Y-ST-ZIP					
TITLE	D	☐ DELETE	4.1 TITL	E			Change	Addition	
NAME	TEMPEL, JEAN C		4. 2 NA	ME	1				
STREET ADDRESS	95 CARLTON STREET		4.3 STR	EET ADDRES	s				
CITY-ST-ZIP	BROOKLINE MA			Y-ST-ZiP					
TITLE	D D	☐ DELETE	5.1 TITL		+		☐ Change	☐ Addition	1
NAME	KEITH, ROBERT JR	<u>—</u>	5.2 NAA			• •			
	749 CAMP WOODS ROAD		5.3 STR	EET ADDRES	s				1.
STREET ADDRESS	2 * 1 = 1 11		1	Y-ST-ZIP		2. A. C.			1
CITY-ST-ZIP	VILLANOVA PA 19085	☐ DELETE	6.1 TITL		+		☐ Change	Addition	1.
TITLE	S		6.2 NAM					_	1'
NAME	O'HARE, JAMES P			REET ADDRES	ا				
STREET ADDRESS	304 VASSAR STREET				•				-
	CAMPDICE MA		■ 64 C/T	Y-ST-ZIP	1				1

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, occupant attachment with an address, with all other like empowered.

SIGNATURE: