

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001366

1. Entity Name

CAMBRIDGE TECHNOLOGY PARTNERS (MASSACHUSETTS), I

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90074 009 \*\*\*150.00

Principal Place of Business

Mailing Address

304 VASSAR STREET  
CAMBRIDGE MA 02139

304 VASSAR STREET  
CAMBRIDGE MA 02142-1401

2. Principal Place of Business

3. Mailing Address

8 Cambridge Center  
Suite, Apt. #, etc.

8 Cambridge Center  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Cambridge, MA

Cambridge, MA

4. FEI Number

06-1320610

Applied For

Not Applicable

Zip

Country

Zip

Country

02142

U.S.A.

02142

U.S.A.

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES STREET  
SUITE 105  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  
NAME Jack Messman ☒ Change ☐ Addition  
STREET ADDRESS 8 Cambridge Center  
CITY-ST-ZIP Cambridge, MA 02142

TITLE VT  
NAME TOSCANINI, ARTHUR M  
STREET ADDRESS 304 VASSAR STREET  
CITY-ST-ZIP CAMBRIDGE MA ☐ Delete

TITLE CFO  
NAME John Gavin ☒ Change ☐ Addition  
STREET ADDRESS 8 Cambridge Center  
CITY-ST-ZIP Cambridge, MA 02142

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME TEMPEL, JEAN C  
STREET ADDRESS 95 CARLTON STREET  
CITY-ST-ZIP BROOKLINE MA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S  
NAME O'HARE, JAMES P  
STREET ADDRESS 304 VASSAR STREET  
CITY-ST-ZIP CAMBRIDGE MA ☐ Delete

TITLE Secretary  
NAME Joseph LaSala, Jr ☒ Change ☐ Addition  
STREET ADDRESS 8 Cambridge Center  
CITY-ST-ZIP Cambridge, MA 02142

i3. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*John Gavin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/00

(617) 914-8860

Date

Daytime Phone #

CR2E034 (9/99)