

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 # F93000001717 (8) 4363 C

1. Corporation Name

PROGRAMART CORPORATION

Principal Place of Business

124 MOUNT AUBURN STREET
CAMBRIDGE MA 02138

Mailing Address

124 MOUNT AUBURN STREET
CAMBRIDGE MA 02138



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified
04/06/1993

3a. Date of Last Report
04/21/1995

4. FEI Number

04-2456531

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

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 or director, as applicable

Date of Signature

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME THRON, JOHN E
STREET ADDRESS 124 MOUNT AUBURN STREET
CITY-ST-ZIP CAMBRIDGE MA

TITLE ☐ DELETE

S
NAME STUTZMAN, BYRON W
STREET ADDRESS 124 MOUNT AUBURN STREET
CITY-ST-ZIP CAMBRIDGE MA 02138

TITLE ☐ DELETE

T
NAME MORSE, ROBERT F
STREET ADDRESS 124 MOUNT AUBURN STREET
CITY-ST-ZIP CAMBRIDGE MA 02138

TITLE ☐ DELETE

D
NAME BENSKEY, LOWELL S
STREET ADDRESS 124 MOUNT AUBURN STREET
CITY-ST-ZIP CAMBRIDGE MA 02138

TITLE ☐ DELETE

D
NAME BEARD, JOHN E
STREET ADDRESS 124 MOUNT AUBURN STREET
CITY-ST-ZIP CAMBRIDGE MA 02138

TITLE ☐ DELETE

D
NAME LINSALATA, LINDA S
STREET ADDRESS 124 MOUNT AUBURN STREET
CITY-ST-ZIP CAMBRIDGE MA 02138

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

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert F. Morse Treas. 4/12/96 (617) 498-4015

CR2E034 (12/95)