

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000002572 (6)

1. Corporation Name

XYVISION, INC.



Principal Place of Business

Mailing Address

101 EDGEWATER DRIVE  
WAKEFIELD MA 01880

101 EDGEWATER DRIVE  
WAKEFIELD MA 01880

3. Date Incorporated or Qualified

06/03/1993

3a. Date of Last Report

04/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

04-2751102

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. 193.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 (if applicable)

(NOTE: Registered Agent signature required when requalifying)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
CED  
CONWAY, THOMAS  
STREET ADDRESS  
138 BAKER STREET  
CITY-ST-ZIP  
CONCORD MA

11 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME  
PCOO  
CLARKE, DANIEL M  
STREET ADDRESS  
21 ALDEN ROAD  
CITY-ST-ZIP  
WELLESLEY MA

21 TITLE ☐ Change ☐ Addition

TITLE ☒ DELETE

NAME  
V  
MACDONALD, DONALD  
STREET ADDRESS  
101 EDGEWATER DRIVE  
CITY-ST-ZIP  
WAKEFIELD MA 01880

22 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
V  
HICKEY, JAMES  
STREET ADDRESS  
101 EDGEWATER DRIVE  
CITY-ST-ZIP  
WAKEFIELD MA 01880

41 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
TSCC  
SENETA, EUGENE  
STREET ADDRESS  
10 WIGGIN STREET  
CITY-ST-ZIP  
CHELMSFORD MA

51 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
V  
DUFFY, KEVIN  
STREET ADDRESS  
101 EDGEWATER DRIVE  
CITY-ST-ZIP  
WAKEFIELD MA 01880

61 TITLE ☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Eugene P. Seneta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-96

617245 4100

Date

Daytime Phone #

CR2E034 (3/96)