

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000003293 (8)

1. Corporation Name

COGNITIVE RESOURCES INC.



Principal Place of Business

THE GAMEWELL COMPANY  
10 FORGE PARK  
FRANKLIN MA 02038

Mailing Address

THE GAMEWELL COMPANY  
10 FORGE PARK  
FRANKLIN MA 02038

3. Date Incorporated or Qualified  
07/12/1993

3a. Date of Last Report  
07/21/1995

2. Principal Place of Business

2a. Mailing Address

21 THE GAMEWELL COMPANY

26 The Gamewell Company

4. FEI Number

04-3059668

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 ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 60 Pleasant St.

27 60 Pleasant St.

City & State

City & State

23 Ashland, Mass

28 Ashland, Mass

Zip

Country

Zip

Country

24 01721

25 U.S.A.

29 01721

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRITZE, JAMES  
104 HOLLYHOCK DR.  
ALTAMONTE SPRINGS FL 32701

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
DCT  
MASSAD, DAVID G  
14 JEFFERSON RD.  
WESTBORO MA

TITLE ☐ DELETE

NAME  
DP  
ABRAHAM, WILLIAM  
1 CEDAR ST  
OXFORD MA

TITLE ☐ DELETE

NAME  
DVPS  
MANDARA, DAVID  
251 CRAWFORD ST.  
NORTHBORO MA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

(508) 520-1684

Date

Daytime Phone #

CR2E034 (12/95)