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FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000000250 (0)**

1. Corporation Name
ISI SYSTEMS, INC.

Principal Place of Business

**2 TECH DRIVE
ANDOVER MA 01810**

Mailing Address

**2 TECH DRIVE
ANDOVER MA 01810-2434**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/19/1994	3a. Date of Last Report 03/11/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-2925735	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Dir., Pres. & CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNEAU, SIMON	1.2 NAME	Simon N. Garneau
STREET ADDRESS	1000 GAUCHETIERE WEST	1.3 STREET ADDRESS	Two Tech Drive
CITY-ST-ZIP	MONTREAL, QUEBEC CANADA	1.4 CITY-ST-ZIP	Andover, MA 01810
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V.P., CFO & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEGUIN, CLAUDE	2.2 NAME	Martin P. Ford
STREET ADDRESS	1000 GAUCHETIERE WEST	2.3 STREET ADDRESS	Two Tech Drive
CITY-ST-ZIP	MONTREAL, QUEBEC CANADA	2.4 CITY-ST-ZIP	Andover, MA 01810
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, GUTHRIE J	3.2 NAME	André Bourbonnais
STREET ADDRESS	1000 GAUCHETIERE WEST	3.3 STREET ADDRESS	1000 de La Gauchetière Street West
CITY-ST-ZIP	MONTREAL, QUEBEC CANADA	3.4 CITY-ST-ZIP	Montréal, Québec Canada H3B 4X5
TITLE	VT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, FRED	4.2 NAME	
STREET ADDRESS	1000 GAUCHETIERE WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC CANADA	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, JUNE	5.2 NAME	
STREET ADDRESS	2 TECH DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA	5.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELLER, RICHARD E.	6.2 NAME	
STREET ADDRESS	1 PO SQUARE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	6.4 CITY-ST-ZIP	

14. I do 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 for 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
André Bourbonnais, Assistant Secretary

April 15, 1997 (514) 868-7722

Date Daytime Phone # 0000027

CR2E034 (9/96)