

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1994.
AMOUNT DUE ON OR BEFORE 8/10/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

CORPORATION
ANNUAL REPORT

1994 X 1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -1 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001534

1. Corporation Name
GIS/Trans, Ltd.

Mailing Address Principal Place of Business
675 Massachusetts Ave.
Cambridge, MA 02139-3309

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified March 23, 1994	3a. Date of Last Report None
4. FEI Number 04-3091689	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes ☐ Yes ☒ No	

2. Mailing Address	2a. Principal Place of Business
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
The Prentice-Hall Corporation System, Inc.
1201 Ways St., Suite 105
Tallahassee, FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE Jay Robbins, assistant vice president January 24, 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
11 TITLE	President
12 NAME	Simon Lewis
13 STREET ADDRESS	675 Massachusetts Ave.
14 CITY-ST-ZIP	Cambridge, MA-02139
21 TITLE	Vice President
22 NAME	John N. Brown
23 STREET ADDRESS	675 Massachusetts Ave.
24 CITY-ST-ZIP	Cambridge, MA-02139
31 TITLE	Vice President
32 NAME	Peter Cook
33 STREET ADDRESS	8555 Georgia Ave., Suite 320, Silver Spring,
34 CITY-ST-ZIP	MD 20910
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	Henry Brown
42 NAME	Secretary
43 STREET ADDRESS	675 Massachusetts Ave.
44 CITY-ST-ZIP	Cambridge, MA 02139
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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 or 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: John N. Brown John N. Brown, Vice President Jan. 26, 1995 (617) 364-2771, ext. 124
(Signature, typed or printed name of signing officer or director) Date (Signature/Typed #)