PROFIT
CORPORATION
NUMBER REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

CUMENT # F9400001534 (6)

iIS/TRANS, LTD., INCORPORATED

al Place of Business

Mailing Address

MASSACHUSETTS AVENUE BRIDGE MA 02139 675 MASSACHUSETTS AVENUE CAMBRIDGE MA 02139

FILED Feb 24 1998 8:00am Secretary of State

HUGE MR U2139	CAMBRIDGE MA 02139						DO NOT WRITE IN THIS SPACE				
				<u> </u>	3.	Date	Incorporated or Qualified		· 		
						03/	/23/1994				
ipal Place of Business	2a. Mailing Address				4.	FELN	umber		Applied For		
	26					04	4-3091689		Not Applicable		
, Apt. #, etc.	Suite, Apt. #, etc.				5,	Certi	ficate of Status Desired	,	75 Additional se Regulred		
& State	City & State						on Campaign Financing Fund Contribution	•	.00 May Be ded to Fees		
Country 25	Zip 26	Zip Country					porporation owes or has paid the curre	nt yea	ar Intangible		
9. Name and Address of Cu	rrent Registered Agent			1(0.	Nam	e and Address of New Registered Ag	jent			
THE PRENTICE-HALL CORP. SYSTEM INC. 1201 HAYS ST., SUITE 105 TALLAHASSEE FL 32301			81	Name		ļ					
			82	Street Address (P.O. Box Number is Not Acceptable)							
•			63								
			84	City			FL	85	Zip Code		
suant to the provisions of Sections 607	0502 and 607 1508. Florida Sta	atutes the at	NOVE	-named corporati	ior	SUD	mits this statement for the nurnose of o	hand	ing its registered		

resuant 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 fice 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 gent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

TURE					<u> </u>		
	Signature, typed or printed camp of registered agent and title if app		Registered Agent signature				
	OFFICERS AND DIRECTOR	13,	ADDI	TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
	P	DELETE	1.1 TITLE			☐ Change	☐ Addition
- 1	Lewis, Simon	1	1.2 NAME				
DDRESS	122 BERKSHIRE ST., APT. 4-A		1.3 STREET ADDRESS]			
- <u>Z</u> IP	CAMBRIDGE MA 02139		1.4 CITY - ST - ZIP				
	VP	DELETE	2.1 TITLE	Chairm	an	Change	Addition
Ì	Brown, John N		2.2 NAME	0710011			
DDRESS	675 MASSACHUSETTS AVENUE		2.3 STREET ADDRESS	(
-ZIP	CAMBRIDGE MA 02139		2.4 CITY-ST-ZIP	}		V	
	VP	DELETE	3.1 TITLE]		∠ Change	Addition
- {	COOK, PETER		3.2 NAME	ل سوسوسه ر	TH CHECK CTOTO		
DDRESS [8555 GEORGIA AVE., SUITE 320		3.3 STREET ADDRESS	185117 14	in struct, ste 700		
ZIP	SILVER SPRING MD 20910		3.4. CITY+ST-ZIP				
	8	DELETE	4.1 TITLE			Change	Addition
]	Brown, Henry		4 2 NAME				
DDRESS	675 MASSACHUSETTS AVENUE		4.3 STREET ADDRESS	[[
ŽIΡ	CAMBRIDGE MA 02139		4.4 CITY-ST-ZIP				
	T	DELETÉ	5.1 TITLE			Change	☐ Addition
	BOUDREAULT, MELISSA		5.2 NAME	,		20	2 1/96
CORESS	675 MASSACHUSETTS AVE.		5 3 STREET ADDRESS	1		~~~	1341
31P	CAMBRIDGE MA 02139		5.4 CITY-ST-ZIP				<i>Y</i> Y
]		DELETE	6.1 TITLE]	70000243	☐ Change	Addition
			6.2 NAME		6UUUUUai44 #		ľ
DRESS			6 3 STREET ADDRESS	1	-02/25/98010	1(111)3	
.3P			64 CITY-ST-ZIP		***158.00		

ereby 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 scated 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 ere 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 the trustee of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the trustee of the corporation of the receiver of the trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in the trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

MATHOE.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/5/98 617-354-2711 Daylore Proces 0000200