1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500000426

1. Corporation Name

RESOURCE INTEGRATION SYSTEMS & COMMUNICATIONS MA NAGEMENT, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90024 046 ***150.00



						-	ENI BONI BIR	(
Principal Place	e of Business	Mailing Address	3					
300 SECOND AVENUE 300 SECOND AVENUE								
WALTHAM MA 02451 WALTHAM MA 02451						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed	01 702	
						· ·		ĺ
		1 4 4 10 4 11	_			01/26/1995		
2. Principal Pl	lace of Business	2a. Mailing Add	ress			4. FEI Number	-	pplied For
21		26	_			04-3153370		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired	•	Additional
22		27						tequired
City & State	e	City & State	,			6: Election Campaign Financing		May Be
23		28	·			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip		ountry		8. This corporation owes the current year Inta		
24	25	29	30			T Croonart reporty tax:	☐ Yes	☑ No
,	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered A	gent	
				81	Name			
REIB	ISTEIN, AARON			00	Chaot Addres	ss (P.O. Box Number is Not Acceptable)		
1430	00 CARLSON CIRCLE	82 8			Street Addre	ss (P.O. Box Number is not Acceptable)		
TAM	PA FL 33626			83				
				84	City	FL	85 Zip	Code
44 Dummant i	to the provisions of Sections 607 0502	and 607 1508. Flor	ida Statutes, the	ahove	-named corpor	ration submits this statement for the nurnose of o	hanging it	s registered
office or re	egistered agent, or both, in the State o	if Florida. Such char	ide was authorize	ed by	the corporation	's board of directors. I hereby accept the appoin	tment as r	egistered
agent. I ar	m familiar with, and accept the obligati	ions of, Section 607.	0505, Florida Sta	atutes.				
SIGNATURE								\
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re			<u>-</u>		signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS ANI	DIBECT	OPS IN 12
12.	OFFICERS AND		13				Change	
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NAME	REIBSTEIN, AARON		1.21	NAME				
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14. I 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 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 truetee 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIPMENT SHOWING OFFICER OR DIRECTOR