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 # **F95000001931 (3)**

1. Corporation Name

TRAVCORPS CORPORATION

Principal Place of Business
40 EASTERN AVE.
MALDEN MA 02148-9104

Mailing Address
40 EASTERN AVE.
MALDEN MA 02148-9104

3. Date Incorporated or Qualified: **04/20/1995**
3a. Date of Last Report:

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **04-3266682** 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 ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 of Registered Agent or Officer of Registered Agent Corporation) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CERULLO, BRUCE A	
STREET ADDRESS	40 EASTERN AVE.	
CITY-ST-ZIP	MALDEN MA 02148-9104	
TITLE	~~VSTD~~ C FO	☐ DELETE
NAME	SARAIVA, EDWARD E	
STREET ADDRESS	40 EASTERN AVE.	
CITY-ST-ZIP	MALDEN MA 02148-9104	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	V.P. OPERATIONS	☐ Change ☑ Addition
1.2 NAME	Mark Golberg	
1.3 STREET ADDRESS	40 Eastern Ave	
1.4 CITY-ST-ZIP	Malden, MA 02148-9104	
2.1 TITLE	D	☐ Change ☑ Addition
2.2 NAME	William W. Hellman, Greylock Mgmnt Corp	
2.3 STREET ADDRESS	One Federal St.	
2.4 CITY-ST-ZIP	Boston, MA 02110	
3.1 TITLE	D	☐ Change ☑ Addition
3.2 NAME	Christopher Gabrielli, Bessemer Venture Partners	
3.3 STREET ADDRESS	83 Walnut Street	
3.4 CITY-ST-ZIP	Wellesley Hills, MA 02181-2101	
4.1 TITLE	D	☐ Change ☑ Addition
4.2 NAME	Chester Black	
4.3 STREET ADDRESS	10 Linn Lane	
4.4 CITY-ST-ZIP	Wayland, MA 01778	
5.1 TITLE	~~Susan~~ D	☐ Change ☑ Addition
5.2 NAME	Susan Barlis, ADS Group	
5.3 STREET ADDRESS	300 Brickstone Square	
5.4 CITY-ST-ZIP	Andover, MA 01810	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 any attachment with an address.

SIGNATURE: C.F.O. (617) 322-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)