

**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 # F95000003628 (3)**

1. Corporation Name

**BBN PLANET CORPORATION**



Principal Place of Business

**150 CAMBRIDGE PARK DRIVE  
CAMBRIDGE MA 02140**

Mailing Address

**150 CAMBRIDGE PARK DRIVE  
CAMBRIDGE MA 02140**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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, typed or printed name of registered agent and the officer

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUDONIS, PAUL R	
STREET ADDRESS	150 CAMBRIDGE PARK DRIVE	
CITY-STATE-ZIP	CAMBRIDGE MA 02140	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EDMISTON, RICHARD D	
STREET ADDRESS	150 CAMBRIDGE PARK DRIVE	
CITY-STATE-ZIP	CAMBRIDGE MA 02140	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MAYERSOHN, JEFFREY	
STREET ADDRESS	150 CAMBRIDGE PARK DRIVE	
CITY-STATE-ZIP	CAMBRIDGE MA 02140	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NITIKMAN, NANCY J	
STREET ADDRESS	150 CAMBRIDGE PARK DRIVE	
CITY-STATE-ZIP	CAMBRIDGE MA 02140	
TITLE	C	<input type="checkbox"/> DELETE
NAME	CONRADES, GEORGE H	
STREET ADDRESS	150 CAMBRIDGE PARK DRIVE	
CITY-STATE-ZIP	CAMBRIDGE MA 02140	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVY, STEPHEN R	
STREET ADDRESS	150 CAMBRIDGE PARK DRIVE	
CITY-STATE-ZIP	CAMBRIDGE MA 02140	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 an attachment with an address.

SIGNATURE:

*Nancy J. Nitikman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nancy J. Nitikman, Clerk/Secretary (617)873-3389

Date

Signature Print Name

CR2E034 (12/95)