

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000005031 (8)

1. Corporation Name

MYDATA AUTOMATION, INC.



Principal Place of Business

Mailing Address

~~99 ROSEWOOD DR., STE. 280~~  
~~DANVERS MA 01929~~

MYDATA AUTOMATION  
TEN TECHNOLOGY DRIVE  
PEABODY, MA 01960

2. Principal Place of Business

2a. Mailing Address

21 MYDATA automation Inc.

26 MYDATA automation Inc.

22 Ten Technology Drive

27 Ten Technology Drive

23 Peabody, MA 01960

28 Peabody, MA 01960

24 01960

29 01960

25 USA

30 USA

9. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.  
417 E. VIRGINIA ST.  
STE. 1  
TALLAHASSEE FL 32301-1283

3. Date Incorporated or Qualified  
10/17/1995

3a. Date of Last Report  
1995

4. FEI Number  
04-3219080

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

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 person appointed to be the registered agent and the applicable

(NOTE: Registered Agent's signature required when removing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE C  
NAME LUNDBERG, MARTEN  
STREET ADDRESS BROMMA, SWEDEN  
CITY-ST-ZIP KARLSBODAVAGEN 39

TITLE DP  
NAME DUFFEY, BRIAN  
STREET ADDRESS 99 ROSEWOOD DR., STE. 280  
CITY-ST-ZIP DANVERS MA 01923

TITLE S  
NAME DEMARCO, JAMES  
STREET ADDRESS 99 ROSEWOOD DR., STE. 280  
CITY-ST-ZIP DANVERS MA 01923

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/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  
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

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James L. Demarco  
Controller

6/21/96

Daytime Phone #

CR2E034 (3/96)