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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
MYDATA AUTOMATION INC TEN TECHNOLOGY DR PEABODY MA 01960 US	MYDATA AUTOMATION INC TEN TECHNOLOGY DR PEABODY MA 01960-7976 US

3. Date Incorporated or Qualified: **10/17/1995**
3a. Date of Last Report: **06/25/1996**

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: **04-3219080** ☐ 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

9. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LUNDBERG, MARTEN		1.2 NAME		
STREET ADDRESS	BROMMA, SWEDEN		1.3 STREET ADDRESS		
CITY-ST-ZIP	KARLSBODAVAGEN 39		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE	President	☑ Change ☐ Addition
NAME	DUFFEY, BRIAN		2.2 NAME		
STREET ADDRESS	99 ROSEWOOD DR., STE. 280		2.3 STREET ADDRESS	10 Technology Drive	
CITY-ST-ZIP	DANVERS MA 01923		2.4 CITY-ST-ZIP	Peabody, Ma. 01960	
TITLE	S	☐ DELETE	3.1 TITLE	Controller	☑ Change ☐ Addition
NAME	DEMARCO, JAMES		3.2 NAME		
STREET ADDRESS	99 ROSEWOOD DR., STE. 280		3.3 STREET ADDRESS	10 Technology Drive.	
CITY-ST-ZIP	DANVERS MA 01923		3.4 CITY-ST-ZIP	Peabody, Ma. 01960	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: _____ 4-24-97