## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 19965-1-94



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

6 WIND SOLCOPPYROLONS

F95000005046 (6) DOCUMENT # 1. Corporation Name

SYSTEMS PROS, INC.

**FILED** May 01 1996 8:00 am Secretary of State

		<b>104 1</b> 6 11

Principal Place of Business Making Address									
1466 MAIN ST. WALTHAM MA 02154		1466 main St. Waltham ma 02154		:					
						3. Date incorporated or Qualified 10/17/1995	3a. [	Date of Last I	N/A
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number			Applied For
	oston Rd.	26				04-3150482			Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional			
22		27							Required
City & State	_ '			6. Election Campaign Financing			00 May Be		
$_{23}$ Bill $\epsilon$	rica	28 MA				Trust Fund Contribution			led to Fees
Zip	Country	Zip Country			8. This corporation has liability for Florida Statutes X Yes	intangibi s 🔲 No		S 199.032,	
24 01821	25 USA	29	30			10. Name and Address of New			
<del></del>	9. Name and Address of Curr	ent negistered Agent	8	1 N	Name	10. 114			
	DAD 10001 0007511								
	PORATION SYSTEM		8:	2 5	Street Addr	ress (P.O. Box Number is Not Accepta	ole)		
	UTH PINE ISLAND ROAD		B:	3				·	
PLANTAT	10N FL 33324							rr	
•			8-	4	Orty		F	E1 85	Zip Code
	10 CO	00 a. 4 007 1500 Electric State	utae thu above	1 0 30	ued como	ration submits this statement for the pound of directors. Thereby accept the ap	iruase af	changing it	s registered offic
SIGNATURE	, and accept the obligations of, Se		NOTE Registered A	pert se	gnature respons			ie	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS	AND DIREC	TORS IN 12
TITLE	DP	<b>XX</b> )ELETE	1.5 Mi	f		President /Direct	or	R Chang	e 🙀 Addition
NAME	TINTLE, STEVEN J		1.2 NAM	E		Derek E. Dewan	,,,,		
STREET ADDRESS	330 BOSTON ROAD		1.3 SFRE	EL AD	IDRESS 6	5440 Atlantic Blvd.			
CITY-ST-ZIP	BILLERICA MA 01821		1.4.0ITY			Jacksonville, FL 322	11	<b>KK</b> Onang	e <b>XX</b> Addition
TOFLE	DS	TO DELETE	2 1 7 11		,	Vice President/Asst	Clark		is <b>Ex-e</b> vaginon
NAME	WHITE, JOSEPH R		2.2 NAM				CTCT	•	
STREET ADDRESS	330 BOSTON ROAD		2 3 STAC			Robert L. Cecchini	1+har	m MA 02	2154
CITY-ST-ZIP	BILLERICA MA 01821		2.4 CITY				TUIA	<b>KX</b> Chang	
TITLE	Ţ	<b>XX</b> DELETE	3 1 III:			Secretary/Treasurer			
NAME	BANKS, EDWARD W		3 2 NAM			Stephen A. Hoffman	/[	)irecto	r
STREET ADDRESS	330 BOSTON ROAD		3 3 STH			6440 Atlantic Blvd. Jacksonville,FL 322	11		
CITY - ST - ZIP	BILLERICA MA 01821	<b>€</b> ZO£LE1E	3.4 CITY 4.1 HIL		78°	Jacksonville, Fr 322	++	Chang	ge Addition
TITLE	S LINCOLEC IAMES M	XX	4 2 NAM		İ				
NAME	HUGHES, JAMES M 330 BOSTON ROAD		43 STR		nnaess				
STREET ADDRESS	BILLERICA MA 01821		4 4 C(T)						
CITY-ST-ZIP TITLE	DILLEMON MA UTOZI	DELETE	5 1 TiTi					Chang	ge 🔲 Add-tron
NAME		L.,	5.2 NAV						
STREET ADDRESS			53SIH		DDRESS				
CITY-ST-ZIP			5.4 City		1				
TITLE		☐ DELFTE	6 1 111					☐ Chan	ge 🔲 Addition
NAME		_	6.2 NAM	/£					
STREET ADDRESS			63SIH	EET AI	DORESS				
CITY OF 7ID			6.4.0-1	r-SI-	- ZIP				
14 Ldo hereby	certify that the information suppli	ed with the Ning is voluntarily	furnished and d	loes	not qualify	for the exemption stated in Section 1	9.07(3)(k	), Florida St	atutes I further

openflor suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under on further receiving the same legal effect as if made under on further receiving the same legal effect as if made under on further receiving the same legal effect as if made under on further receiving the same legal effect as if made under on further receiving the same legal effect as if made under on further receiving the same legal effect as if made under on further receiving the same legal effect as if made under the receiving the same legal effect as if made under the receiving the same legal effect as if made under the receiving the same legal effect as if made under the receiving the same legal effect as if made under the same legal effect as if made und certify that the information indicate oath; that I am an officer or pirecto appears in Block 12 or Block 13

**SIGNATURE:** 

TED NAME OF SIGNING OFFICER OR DIRECTOR ROBert L. Cecchini Color 4/30/96 (617) 893-5600