

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 20 1997 8:00am
Secretary of State

DOCUMENT # F96000000745 (7)

1. Corporation Name

THINKING MACHINES CORPORATION



Principal Place of Business

Mailing Address

14 CROSBY DRIVE
BEDFORD MA 01730

14 CROSBY DRIVE
BEDFORD MA 01730-1402

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

3a. Date of Last Report

02/13/1996

4. FEI Number

Applied For

04-3294782

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 the person filing this statement and letter of appointment

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DORETTI, ROBERT L	
STREET ADDRESS	14 CROSBY DRIVE	
CITY-ST-ZIP	BEDFORD MA 01730	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LABOSSIERE, ROBERT J	
STREET ADDRESS	14 CROSBY DRIVE	
CITY-ST-ZIP	BEDFORD MA 01730	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	CANNON, STACEY	
STREET ADDRESS	14 CROSBY DRIVE	
CITY-ST-ZIP	BEDFORD MA 01730	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	CHARLES STEWART	
STREET ADDRESS	14 CROSBY DRIVE	
CITY-ST-ZIP	BEDFORD, MA 01730	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	GEORGE LEVIN	
STREET ADDRESS	14 CROSBY DRIVE	
CITY-ST-ZIP	BEDFORD, MA 01730	
TITLE	DIRECTOR	<input type="checkbox"/> DELETE
NAME	DIANE GEVURTZ	
STREET ADDRESS	14 CROSBY DRIVE	
CITY-ST-ZIP	BEDFORD, MA 01730	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	14 CROSBY DRIVE
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	14 CROSBY DRIVE
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 or changed, upon an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

(617) 776-0400

Date

Daytime Phone

0504527

CR2E034 (9/96)