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FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000002830 (5)

1. Corporation Name

CELLULAR EXPRESS, INC.



Principal Place of Business

Mailing Address

~~ONE MCKINLEY SQUARE~~
~~BOSTON MA 02109~~

100 Sylvan Rd.
Woburn, MA 01801

~~ONE MCKINLEY SQUARE~~
~~BOSTON MA 02109-2840~~

100 Sylvan Rd.
Woburn, MA 01801

2. Principal Place of Business

21 100 Sylvan Road

Suite, Apt. #, etc.

22 City & State

23 Woburn, MA

24 Zip 01801

Country USA

2a. Mailing Address

26 100 Sylvan Road

Suite, Apt. #, etc.

27 City & State

28 Woburn, MA

29 Zip 01801

Country USA

3. Date Incorporated or Qualified

06/06/1996

3a. Date of Last Report

4. FEI Number

04-3126265

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HERTZ, GEORGE K	
STREET ADDRESS	77 MAYO DRIVE	
CITY-ST-ZIP	NEEDHAM MA 02192	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SULLIVAN, ROBERT J	
STREET ADDRESS	169 HAMPSHIRE ROAD	
CITY-ST-ZIP	WELLESLEY MA 02181	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BOUFFARD, ALAN	
STREET ADDRESS	55 GAY STREET	
CITY-ST-ZIP	NORWOOD MA 02062	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VON MERING, FRITZ	
STREET ADDRESS	50 ROBINHOOD ROAD	
CITY-ST-ZIP	WINCHESTER MA 01890	
TITLE	C	<input type="checkbox"/> DELETE
NAME	TOBIN, PAUL J	
STREET ADDRESS	183 BASS POINT ROAD	
CITY-ST-ZIP	NAHANT MA 01908	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/97 617 692-7000

CR2E034 (9/96)