

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000004149 (8)

1. Corporation Name

PRESCIENT TECHNOLOGIES, INC.

Principal Place of Business

245 SUMMER STREET
BOSTON MA 02210

Mailing Address

245 SUMMER STREET
BOSTON MA 02210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1996

4. FEI Number

13-3667643

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

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 PD
NAME FINN, GAVIN A
STREET ADDRESS 245 SUMMER STREET
CITY-ST-ZIP BOSTON MA ☐ DELETE

TITLE T
NAME QUATTROGGI, STEPHEN A
STREET ADDRESS 245 SUMMER STREET
CITY-ST-ZIP BOSTON MA ☒ DELETE

TITLE SD
NAME DURNING, PETER F
STREET ADDRESS 250 WEST 34TH STREET
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE V
NAME HUNTER, WILLIAM R
STREET ADDRESS 245 SUMMER STREET
CITY-ST-ZIP BOSTON MA ☐ DELETE

TITLE V
NAME MIGNOSA, THOMAS J
STREET ADDRESS 245 SUMMER STREET
CITY-ST-ZIP BOSTON MA ☐ DELETE

TITLE V
NAME ZABILSKI, RONALD J
STREET ADDRESS 245 SUMMER STREET
CITY-ST-ZIP BOSTON MA ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE T
2.2 NAME GERARD A. HALPIN III ☒ Change ☐ Addition
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 245 SUMMER ST
3.4 CITY-ST-ZIP BOSTON, MA 02210

4.1 TITLE ASSISTANT TREASURER ☐ Change ☒ Addition
4.2 NAME HARRIS E. LORING
4.3 STREET ADDRESS 245 SUMMER ST.
4.4 CITY-ST-ZIP BOSTON, MA 02210

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 registered 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

CR2E034 (10/97)