

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000003616 (6)

1. Corporation Name  
GIGA INFORMATION GROUP, INC.

Principal Place of Business  
ONE LONGWATER CIRCLE  
NORWELL MA 02061

Mailing Address  
ONE LONGWATER CIRCLE  
NORWELL MA 02061

FILED  
Aug 12 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/11/1997	
21		26		4. FEI Number 06-1422860	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
22		27			
23		28			
24		29			
25		30			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS  
1200 SO PINE ISLAND RD  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Executive Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GIVRAY, HENRY S		1.2 NAME	James Graham			
STREET ADDRESS	ONE LONGWATER CIRCLE		1.3 STREET ADDRESS	One Longwater Circle			
CITY-ST-ZIP	NORWELL MA 02061		1.4 CITY-ST-ZIP	Norwell, MA 02061			
TITLE	ASST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Chief Financial Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MULHERN, JAMES P		2.2 NAME	Daniel M. Clarke			
STREET ADDRESS	ONE LONGWATER CIRCLE		2.3 STREET ADDRESS	One Longwater Circle			
CITY-ST-ZIP	NORWELL MA 02061		2.4 CITY-ST-ZIP	Norwell, MA 02061			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GILMOUR, DAVID L		3.2 NAME	Irwine Lieber			
STREET ADDRESS	3945 FREEDOM CIRCLE STE 720		3.3 STREET ADDRESS	One Longwater Circle			
CITY-ST-ZIP	SANTA CLARA CA 95054		3.4 CITY-ST-ZIP	Norwell, MA 02061			
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BROWNSTEIN, NEILL H		4.2 NAME				
STREET ADDRESS	536 WEST CRESCENT DRIVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	PALO ALTO CA 94301		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRANDALL, RICHARD L		5.2 NAME				
STREET ADDRESS	505 EAST HURON ST 201		5.3 STREET ADDRESS				
CITY-ST-ZIP	ANN ARBOR MI 48104		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ROBINSON, JAMES D III		6.2 NAME	Bernard Goldstein			
STREET ADDRESS	126 EAST 56TH ST 22ND FLOOR		6.3 STREET ADDRESS	One Longwater Circle			
CITY-ST-ZIP	NEW YORK NY 10022		6.4 CITY-ST-ZIP	Norwell, MA 02061			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Daniel M. Clarke R/T/BI/98 [Signature] 781-792-2530

CR2E034 (5/98)