

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

FILED  
Feb 25 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 # F97000004909 (4)

1. Corporation Name:

CASCADE SYSTEMS INCORPORATED

Principal Place of Business

300 BRICKSTONE SQ.  
ANDOVER MA 01810-1435

Mailing Address

300 BRICKSTONE SQ.  
ANDOVER MA 01810-1435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1997

4. FEI Number

04-3236319

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 (SAME)

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 (SAME)

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

N/A

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 title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCGRORY, MALCOLM	
STREET ADDRESS	30 COLONIAL DR.	
CITY-ST-ZIP	WESTFORD MA 01886	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, TIMOTHY	
STREET ADDRESS	3 ADAMS ST.	
CITY-ST-ZIP	BELMONT MA 02178	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZIMMON, ANDREW	
STREET ADDRESS	30 DUCK POND DR.	
CITY-ST-ZIP	GROTON MA 01450	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GREEN, DAVID	
STREET ADDRESS	295 WELLMAN AVE.	
CITY-ST-ZIP	N. CHELMSFORD MA 01463	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'GRADY, STANDISH	
STREET ADDRESS	31 PARKER AVE.	
CITY-ST-ZIP	SAN FRANCISCO CA 94118	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAROLD, PETER	
STREET ADDRESS	FRAMINGHAM EARL	
CITY-ST-ZIP	NORWICH, NORFOLK ENGLAND	

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 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; 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 from an appointment with an address.

SIGNATURE

Timothy Cunningham 2/17/98 (508) 744-1000

CR2E034 (10/97)