

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90057 024 ***150.00

DOCUMENT #

P 97000004909

1. Corporation Name

CASCADE SYSTEMS INCORPORATED

Principal Place of Business

Mailing Address

100 Nagog Park
ACTON, MA 01720

100 Nagog Park
ACTON, MA 01720

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

9/19/97

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 the current year intangible
Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 (Same as above)

2a. Mailing Address

26 (Same as above)

Suite, Apt. #, etc.

Suite, 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

10. Name and Address of New Registered Agent

N/A

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☒ DELETE

NAME MCGRORY, MALCOLM

STREET ADDRESS 30 COLONIAL DR

CITY-ST-ZIP WESTFORD, MA 01886

TITLE CFO; VP ☐ DELETE

NAME TIMOTHY CUNNINGHAM

STREET ADDRESS 3 ADAMS ST

CITY-ST-ZIP BELMONT, MA 02178

TITLE VP ☒ DELETE

NAME ANDREW ZIMMON

STREET ADDRESS 30 DUCK POND ROAD

CITY-ST-ZIP GROTON, MA 01450

TITLE VP ☒ DELETE

NAME DAVID GREEN

STREET ADDRESS 295 WELLMAN AVE.

CITY-ST-ZIP N. CHILMSFORD, MA 01463

TITLE DIRECTOR ☐ DELETE

NAME STANDISH O'GRADY

STREET ADDRESS 31 PARKER AVE

CITY-ST-ZIP SAN FRANCISCO, CA 94118

TITLE DIRECTOR ☐ DELETE

NAME PETER JAROLD

STREET ADDRESS FRAMINGHAM EARL

CITY-ST-ZIP NORWICH, NORFOLK ENGLAND

11 TITLE PRESIDENT ☐ Change ☒ Addition

12 NAME ROBERT ANGELO

13 STREET ADDRESS 4 SOUTHWEST CIRCLE

14 CITY-ST-ZIP SUDBURY, MA 01774

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY CUNNINGHAM

4/29/99

Date

978-795-7000

Daytime Phone #

CR2E034 (11/98)