

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F98000000931

1. Corporation Name

COMPUTER CORPORATION OF AMERICA

Principal Place of Business

500 OLD CONNECTICUT PATH
FRAMINGHAM MA 01701

Mailing Address

500 OLD CONNECTICUT PATH
FRAMINGHAM MA 01701

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1998

5. FEI Number

04-3024595

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	RYAN, RICHARD P	500 OLD CONNECTICUT PATH	FRAMINGHAM MA 01701
TC	LAVOIE, RUSSELL	500 OLD CONNECTICUT PATH	FRAMINGHAM MA 01701
D	STEWART, RICHARD D	500 OLD CONNECTICUT PATH	FRAMINGHAM MA 01701
D	BLAIR, MICHAEL	500 OLD CONNECTICUT PATH	FRAMINGHAM MA 01701
D	HOFFMAN, ARNOLD	500 OLD CONNECTICUT PATH	FRAMINGHAM MA 01701

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

500004883145--2

-02/06/02--01049--005

****750.00 ****750.00

FL

State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

AMY BERTELETTI

SPECIAL ASSISTANT SECRETARY

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/16/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-16-01

508-270-4666 x200