FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P03606** **(1)**

1. Corporation Name

SEQUOIA SYSTEMS, INC.

Principal Place of Business

400 NICKERSON ROAD
BOSTON PARK WEST
MARLBOROUGH MA 01752

Mailing Address

400 NICKERSON ROAD
BOSTON PARK WEST
MARLBOROUGH MA 01752

2. Principal Place of Business
21
Street Address
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street Address
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **10/05/1984**

3a. Date of Last Report: **05/16/1995**

4. FEI Number: **04-2738973** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH 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 Section 607.0502 and 607.1504, 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 (of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: NEIL P. MCMULLAN STREET ADDRESS: 400 NICKERSON ROAD CITY-ST-ZIP: MARLBORO MA	☐ DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: V NAME: STIFFLER, DR. JACK J. STREET ADDRESS: 400 NICKERSON ROAD CITY-ST-ZIP: MARLBORO MA	☐ DELETE	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	Exec. Vice Pres. ☒ Change ☐ Addition
TITLE: S NAME: SWETT, JAY STREET ADDRESS: 400 NICKERSON ROAD CITY-ST-ZIP: MARLBORO MA	☐ DELETE	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VT NAME: BUTLER, DAVID A. STREET ADDRESS: 400 NICKERSON ROAD CITY-ST-ZIP: MALBORO MA	☐ DELETE	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VPGM NAME: GELLERT, RONALD STREET ADDRESS: 400 NICKERSON RD CITY-ST-ZIP: MARLBORO MA	☒ DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	Exec. VP & CFO Richard B Goldman 400 Nickerson Road Marlboro MA 01752 ☐ Change ☒ Addition
TITLE: D NAME: HUGHES, FRANCIS J JR. STREET ADDRESS: 45 MILK ST 7TH FL CITY-ST-ZIP: BOSTON MA	☐ DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (508) 480-0800 Daytime Phone #

CR2E034 (12/95)