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FILED
Apr 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P04212 (7)
1. Corporation Name
ADDITIONAL TECHNICAL SUPPORT, INC.



Principal Place of Business

Mailing Address

1466 MAIN STREET
WALTHAM MA 02254-6018

P.O. BOX 9018
WALTHAM MA 02154
US

2. Principal Place of Business

2a. Mailing Address

21 1466 Main Street
Suite, Apt. #, etc.

26 1466 Main Street
Suite, Apt. #, etc.

22 City & State
23 Waltham, MA

27 P.O. Box 9018
City & State
28 Waltham, MA

24 Zip 02154 25 Country USA

29 Zip 02254-9018 30 Country USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

11/30/1984

3a. Date of Last Report

05/01/1996

4. FEI Number

04-2638723

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

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD ☐ DELETE

NAME DEWAN, DEREK E.
STREET ADDRESS 6440 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ DELETE

NAME CECCHINI, ROBERT
STREET ADDRESS 1466 MAIN STREET
CITY-ST-ZIP WALTHAM MA

TITLE TCD ☒ DELETE

NAME HOFFMAN, STEPHEN
STREET ADDRESS 6440 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TSD

MICHAEL D. ABNEY
6440 ATLANTIC BLVD.
JACKSONVILLE, FL 32211

14. I do 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.

SIGNATURE: *[Signature]* Robert Cecchini 2-21-97 (617)893-5600

CR2E034 (9/96)