FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P08091** **(1)**

1. Corporation Name
VIEWLOGIC SYSTEMS, INC.

Principal Place of Business	Mailing Address
293 BOSTON ROAD WEST MARLBORO MA 01752	293 BOSTON ROAD WEST MARLBORO MA 01752

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/13/1985**
3a. Date of Last Report: **04/18/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **04-2830649** ☐ 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 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	HANOVER, ALAIN J.	12 NAME	
STREET ADDRESS	625 S AVE	13 STREET ADDRESS	
CITY-ST-ZIP	WESTOW MA	14 CITY ST ZIP	WESTON, MA
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	BENANTO, RONALD	22 NAME	
STREET ADDRESS	14 KNOWLTON DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	ACTON MA	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	BURGESS, JOHN	32 NAME	
STREET ADDRESS	60 STATE ST.	33 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ALFRED, STANLEY F..	42 NAME	
STREET ADDRESS	920 HOPMEADOW ST.	43 STREET ADDRESS	
CITY-ST-ZIP	SIMSBURY CT	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BOUCHER, DAVID	52 NAME	
STREET ADDRESS	2111 HIGHROVE TERR	53 STREET ADDRESS	
CITY ST ZIP	AUSTIN TX	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	REEDER, LARRY	62 NAME	
STREET ADDRESS	ONE CENTER PLAZA	63 STREET ADDRESS	
CITY ST ZIP	BOSTON MA	64 CITY ST ZIP	

14. I do 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: _____ 5/1/95 508-480-0881
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

047A901 FP