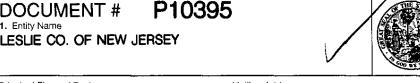
FILED

08-13-2003 90075 034 ***550.00



Principal Place of Business Mailing Address 12501 TELECOM DRIVE 12501 TELECOM DRIVE TAMPA FL 33637-0906 TAMPA FL 33637-0906

2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address			\$ 1885) 881 181 (1911 MO)88 11119 18191 MIN MODEL BEST GIVEN BEST WINE STATE MODEL BEST 1981					
		Suite, Apt. #, etc. City & State			CHECK HERE IF MAKING CHANGES					
				4. FEI N	Number 22-1063780		Applied For			
	الناور المالعموميون أيا لينف المساديات ما	a de la companya de l		·			Not Applicable			
Zip	Country	Zip	Country	5. Certi	ificate of Status Desired		8.75 Additional ee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
			Nam	ie		•				
SCHISLER, GILBERT 12501 TELECOM DRIVE TAMPA FL 33637-0906				Street Address (P.O. Box Number is Not Acceptable)						
				City FL Zip Cod						
the obligations SIGNATURE	ed entity submits this statement for to of registered agent. ture, typed or printed name of registered agent and			e or registered agent, i		rida. I am fam	illiar with, and accept			
After Septem	NOW!!! FEE IS \$550.00 nber 10, 2003 Fee will be \$750.0 yable to Florida Department of \$	4	···		9. Election Campaign Fina Trust Fund Contribution	~ —	\$5.00 May Be Added to Fees			
10.	D. OFFICERS AND DIRECTORS		11.	ADDITI	DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
1.00				1						

					<u> </u>				
10. OFFICERS AND DIRECTORS			11.	1. ADDITIONS/CHANGES TO OFFICERS A			ND DIRECTORS IN 11		
TITLE	VP	☐ Delete	TITLE		•		Change	☐ Addition	
NAME	BLOSS, DAVID A SR		NAME						
STREET ADDRESS	35 CORPORATE DRIVE		STREET ADDRESS					1	
CITY-ST-ZIP	BURLINGTON MA 01803		CITY-ST-ZIP	1					
TITLE	S	☐ Delete	TITLE				Change	☐ Addition	
NAME	GLASS, ALAN J		NAME						
STREET ADDRESS	35 CORPORATE DRIVE		STREET ADDRESS					İ	
CITY-ST-ZIP	BURLINGTON MA 01803	سورسست ورسم	, CITY-ST-ZIP			<u> </u>			
TITLE	ATC	☐ Delete	TITLE	·			☐ Change	☐ Addition	
NAME	SCHISLER, GILBERT C		NAME					ĺ	
STREET ADDRESS	12501 TELECOM DR.		STREET ADDRESS						
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP						
TITLE	AS	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	Carriere, Stephen J		NAME					J	
STREET ADDRESS	35 CORPORATE DRIVE		STREET ADDRESS						
CITY-ST-ZIP	BURLINGTON MA 01803		CITY-ST-ZIP						
TITLE	VP	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	FRANK, DOUGLAS E		NAME						
STREET ADDRESS	12501 TELECOM DRIVE		STREET ADDRESS					}	
CITY-ST-ZIP	TAMPA FL 33637		CITY-ST-ZIP						
TITLE .	VPT	☐ Delete	TITLE	<u> </u>			☐ Change	Addition	
NAME	SMITH, KENNETH W		NAME					Į	
STREET ADDRESS	35 CORPORATE DRIVE		STREET ADDRESS						
CITY-ST-ZIP	BURLINGTON MA 01803		CITY-ST-ZIP						

12. 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 report or supplemental 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like purpowered.

Daytime Phone #