

## FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

DOCUMENT # P11419 (9)  
1. Corporation Name  
~~PROTEON, INC.~~ OpenROUTE Networks, Inc.  
Company changed name on 6/10/98

Principal Place of Business  
NINE TECHNOLOGY DR  
WESTBOROUGH MA 01581  
US

Mailing Address  
NINE TECHNOLOGY DR  
WESTBOROUGH MA 01581  
US

3. Date Incorporated or Qualified

09/16/1986

4. FEI Number

04-2531856

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip

25 Country

29 Zip

30 Country

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

81 Name

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

83

84 City

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE  
NAME SALWEN, HOWARD C.  
STREET ADDRESS 28 GROVE HILL PARK  
CITY-ST-ZIP NEWTONVILLE MA

TITLE VPST ☒ DELETE  
NAME CONNAUGHTON, ROBERT J. J  
STREET ADDRESS 102 DEN QUARRY ROAD  
CITY-ST-ZIP LYNN MA

TITLE P ☐ DELETE  
NAME CAPONE, DANIEL J.  
STREET ADDRESS 115 CHERRY STREET  
CITY-ST-ZIP WRENTHAM MA

TITLE D ☐ DELETE  
NAME CLARK, DAVID C  
STREET ADDRESS 329 HEATHS BRIDGE RD  
CITY-ST-ZIP CONCORD MA

TITLE D ☒ DELETE  
NAME MARCUS, JULIUS  
STREET ADDRESS 9 TECHNOLOGY DRIVE  
CITY-ST-ZIP WESTBORO MA

TITLE D ☒ DELETE  
NAME SEVIN, L.J.  
STREET ADDRESS 9 TECHNOLOGY DRIVE  
CITY-ST-ZIP WESTBORO MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE 130 Dudley Rd ☒ Addition  
1.2 NAME Newton, MA 02159  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP Director

2.1 TITLE Robert M Glorioso ☐ Change ☒ Addition  
2.2 NAME 70 Birch Hill Rd  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP STOW, MA 01775

3.1 TITLE CFO ☐ Change ☒ Addition  
3.2 NAME Steven T Shedd  
3.3 STREET ADDRESS One Ledgewood Rd  
3.4 CITY-ST-ZIP Medway, MA 02053

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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

Daytime Phone # 0528135