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 # P16649 (6)

1. Corporation Name
WANG FEDERAL, INC.

Principal Place of Business	Mailing Address
TECHNOLOGY PARK M/S 302N BILLERICA MA 01821-1199	TECHNOLOGY PARK M/S 302N BILLERICA MA 01821-1199

3. Date Incorporated or Qualified: 11/02/1987
3a. Date of Last Report: 03/30/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 41-1571110 ☐ 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

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 ____________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	CUNEO, RONALD, E	
STREET ADDRESS	1157 OLD GATE COURT	
CITY-ST-ZIP	MCLEAN VA	
TITLE	VT	☐ DELETE
NAME	SCOTT, K., DUNLOP	
STREET ADDRESS	5319 WORTHINGTON DR	
CITY-ST-ZIP	BETHESDA MD	
TITLE	T	☐ DELETE
NAME	BUCKINGHAM, RICHARD L	
STREET ADDRESS	2 PRESCOTT LANE	
CITY-ST-ZIP	HAMPTON FALLS NH	
TITLE	VS	☐ DELETE
NAME	GOODELL, ARTHUR, A	
STREET ADDRESS	3011 HERITAGE FARM COURT	
CITY-ST-ZIP	HERNDON VA	
TITLE	S	☐ DELETE
NAME	NOTINI, ALBERT A	
STREET ADDRESS	SIX POMEROY ROAD	
CITY-ST-ZIP	ANDOVER MA	
TITLE	D	☒ DELETE
NAME	WILLIAMS, EARLE, C	
STREET ADDRESS	715 POTOMAC KNOLLS DR	
CITY-ST-ZIP	MCLEAN VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☒ 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	D	☐ Change ☒ Addition
6.2 NAME	Tucci, Joseph M.	
6.3 STREET ADDRESS	10 Mountain Laurel Drive, Unit #604	
6.4 CITY-ST-ZIP	Nashua, NH 03060	

CR2E034 (12/95)

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)(a), 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] Vice President/Treasurer 4/24/96 (508) 967-6217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #