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May 05 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 # **P16649**

(6)

1. Corporation Name
WANG FEDERAL, INC.



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

Mailing Address
**TECHNOLOGY PARK M/S 302N
BILLERICA MA 01821-4146**

3. Date Incorporated or Qualified 11/02/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 41-1571110	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
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 title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CUNEO, RONALD, E	
STREET ADDRESS	1157 OLD GATE COURT	
CITY-ST-ZIP	MCLEAN VA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SCOTT, K., DUNLOP	
STREET ADDRESS	5319 WORTHINGTON DR	
CITY-ST-ZIP	BETHESDA MD	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BUCKINGHAM, RICHARD L	
STREET ADDRESS	2 PRESCOTT LANE	
CITY-ST-ZIP	HAMPTON FALLS NH	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GOODELL, ARTHUR, A	
STREET ADDRESS	3011 HERITAGE FARM COURT	
CITY-ST-ZIP	HERNDON VA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NOTINI, ALBERT A	
STREET ADDRESS	SIX POMEROY ROAD	
CITY-ST-ZIP	ANDOVER MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TUCCI, JOSEPH M	
STREET ADDRESS	10 MOUNTAIN LAUREL DR, 604	
CITY-ST-ZIP	NASHUA NH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P
1.3 STREET ADDRESS	Hogan, James J.
1.4 CITY-ST-ZIP	7 Wescott Street Andover, MA 01810
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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]

Treasurer 4/23/97 508-967-6217

CR2E034 (9/96)