

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 01821-1199



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1987	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 41-1571110	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HOGAN, JAMES J.	
STREET ADDRESS	7 WESTCOTT ST.	
CITY-ST-ZIP	ANDOVER MA	
TITLE	VT	<input checked="" 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	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ryan, William
2.3 STREET ADDRESS	2803 Fountain Grove Terrace
2.4 CITY-ST-ZIP	Olney, MD 20832
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	VS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cormier, Alan R.
4.3 STREET ADDRESS	14 Nicoll Drive
4.4 CITY-ST-ZIP	Andover, MA 01810
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 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-

R. L. Hogan

Treasurer 4/21/98 978-967-6217

CR2E034 (10/97)