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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUN 2 AM 10:20

DOCUMENT # **P16966** **(4)**

1. Corporation Name
VERSYSS INCORPORATED

Principal Place of Business	Mailing Address
% TAX DEPARTMENT 400 BLUE HILL DRIVE WESTWOOD MA 02090-2110	% TAX DEPARTMENT 400 BLUE HILL DRIVE WESTWOOD MA 02090-2110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 15 Crawford St.	26 15 Crawford St.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Needham, MA 02194	City & State 28 Needham, MA 02194
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 58-1760004 ☐ 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	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____ (If changing Registered Agent, signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~VT~~	11 TITLE	V.P.	☒ Change ☐ Addition
NAME	~~FORD, WILLIAM~~	12 NAME	Steven T. Shedd	
STREET ADDRESS	~~3 BRUCE RD~~	13 STREET ADDRESS	One Ledgewood Road	
CITY ST ZIP	~~WINCHESTER MA~~	14 CITY ST ZIP	Medway, MA 02053	
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	EDWARDS, WILLIAM	22 NAME		
STREET ADDRESS	3 STOP RIVER RD	23 STREET ADDRESS		
CITY ST ZIP	NORFOLK MA	24 CITY ST ZIP		
TITLE	~~VS~~	31 TITLE	Dir	☒ Change ☐ Addition
NAME	~~DERLIN, PAUL~~	32 NAME	Charlie Stevens	
STREET ADDRESS	~~44 ESTATE LN~~	33 STREET ADDRESS	360 US Rte 1	
CITY ST ZIP	~~READING MA~~	34 CITY ST ZIP	Falmouth, ME	
TITLE	~~V~~	41 TITLE	Dir	☒ Change ☐ Addition
NAME	~~HIRSCHFELD, PETER~~	42 NAME	Russell Keene	
STREET ADDRESS	~~95 COUNTRYSIDE LN~~	43 STREET ADDRESS	190 Partridge Rd	
CITY ST ZIP	~~NORWOOD MA~~	44 CITY ST ZIP	Westwood, MA	
TITLE	~~SVP~~	51 TITLE	President	☒ Change ☐ Addition
NAME	~~WADMAN, DAVID~~	52 NAME	Neal Harte	
STREET ADDRESS	~~739 26TH ST~~	53 STREET ADDRESS	6 Everett Ave	
CITY ST ZIP	~~MANHATTAN BCH CA~~	54 CITY ST ZIP	Winchester, MA	
TITLE	~~AT~~	61 TITLE		☒ Change ☐ Addition
NAME	~~DERAGUE, JOHN~~	62 NAME		
STREET ADDRESS	~~400 BLUE HILL DR~~	63 STREET ADDRESS		
CITY ST ZIP	~~WESTWOOD MA~~	64 CITY ST ZIP		

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)(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: Steven T. Shedd 5/9/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #
STEVEN T. SHEDD

0403043 FN