

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY -1 AM 10: 01

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Worsham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P18771 (6)

1. Corporation Name
LOGICA NORTH AMERICA, INC.

Principal Place of Business 960 WINTER ST WALTHAM MA 02154	Mailing Address 960 WINTER ST WALTHAM MA 02154
--	--

3. Date Incorporated or Qualified 04/11/1988	3a. Date of Last Report 03/29/1994
4. FBI Number 13-3306288	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	
5. Does corporation have liability for intangible tax under S. 189.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 32 Hartwell Avenue	2a. Mailing Address 26 32 Hartwell Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Lexington, MA	28 City & State Lexington, MA
24 Zip 02173	25 Country
29 Zip 02173	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
85 Zip Code

FL

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 _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CFO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIKE DE VAL	1.2 NAME	
STREET ADDRESS	238 OLD LITTLETON RD	1.3 STREET ADDRESS	
CITY - ST - ZIP	HARVARD MA	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLON, JEANNIE D	2.2 NAME	
STREET ADDRESS	11 EDWARD STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	WATERTOWN MA 02172	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGEL, WILLIAM	3.2 NAME	
STREET ADDRESS	294 BEAR HILL RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	N ANDOVER MA	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW GIVEN	4.2 NAME	
STREET ADDRESS	68 NEWMAN STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	LONDON, ENGLAND	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLIN ROWLAND	5.2 NAME	
STREET ADDRESS	68 NEWMAN STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	LONDON, ENGLAND	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or biannual 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 partner 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. If an addendum with an address.

SIGNATURE: _____ **4/26/95** **617-476-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #