

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P18771** (6)

1. Corporation Name:
LOGICA NORTH AMERICA, INC.



Principal Place of Business

**32 HARTWELL AVENUE
LEXINGTON MA 02173
US**

Mailing Address

**32 HARTWELL AVENUE
LEXINGTON MA 02173
US**

2. Principal Place of Business

2a. Mailing Address

21	26
22	27
23	28
24	29
25	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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 607.0501, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKE DE VAL	
STREET ADDRESS	236 OLD LITTLETON RD	
CITY-STATE-ZIP	HARVARD MA	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FALLON, JEANNIE D	
STREET ADDRESS	11 EDWARD STREET	
CITY-STATE-ZIP	WATERTOWN MA 02172	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGEL, WILLIAM	
STREET ADDRESS	294 BEAR HILL RD	
CITY-STATE-ZIP	N ANDOVER MA	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW GIVEN	
STREET ADDRESS	68 NEWMAN STREET	
CITY-STATE-ZIP	LONDON, ENGLAND	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLIN ROWLAND	
STREET ADDRESS	68 NEWMAN STREET	
CITY-STATE-ZIP	LONDON, ENGLAND	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is complete and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or liquidator thereof and that my signature is required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an annual statement with an address.

SIGNATURE:

SIGNATURE AND TYPE OF QUALIFIED NAME OF SIGNING OFFICER OR DIRECTOR

Doug Webb

3/19/96

617 476 8000

CR2E034 (12/95)