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FILED
Mar 27 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 # P18771 (6)
 1. Corporation Name
LOGICA NORTH AMERICA, INC.



Principal Place of Business Mailing Address
32 HARTWELL AVENUE **32 HARTWELL AVENUE**
LEXINGTON MA 02173 **LEXINGTON MA 02173-3103**
US **US**

3. Date Incorporated or Qualified **04/11/1988** 3a. Date of Last Report **04/01/1996**

2. Principal Place of Business 2a. Mailing Address
 21 State, Apt. #, etc. 26 State, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip 29 Country 30 Country

4. FEI Number **13-3306288** 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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 _____ (NO. 1 - Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPF <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEBB, DOUG	1.2 NAME	Webb, Doug
STREET ADDRESS	4 LASALLETTE ROAD	1.3 STREET ADDRESS	6 Carmichael Way
CITY, ST, ZIP	WESTFORD MA	1.4 CITY-ST-ZIP	6 Groton, MA 01450
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLON, JEANNIE D	2.2 NAME	Jeannie D. Fallon
STREET ADDRESS	11 EDWARD STREET	2.3 STREET ADDRESS	27 Faulkner Hill Road
CITY, ST, ZIP	WATERTOWN MA 02172	2.4 CITY-ST-ZIP	Acton, MA 01720
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARTIN	3.2 NAME	
STREET ADDRESS	68 NEWMAN STREET	3.3 STREET ADDRESS	
CITY, ST, ZIP	LONDON EN	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	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	CEO <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, JAMES	5.2 NAME	James Yates
STREET ADDRESS	74 NASHUA ROAD	5.3 STREET ADDRESS	7 Copper Beech Road
CITY, ST, ZIP	PEPPERELL MA	5.4 CITY-ST-ZIP	Salem, NH 03079
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Dennis White
STREET ADDRESS		6.3 STREET ADDRESS	57 Fowle Street
CITY, ST, ZIP		6.4 CITY-ST-ZIP	Woburn, MA 01801

14. I, as 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: *Dennis White* **DENNIS WHITE** **3/21/97** **617-476-8000**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Optional Prefix # 0000400)

CR2E034 (9/96)