

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

FILED

**May 07 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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 32 HARTWELL AVENUE LEXINGTON MA 02173 US	Mailing Address 32 HARTWELL AVENUE LEXINGTON MA 02173 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/11/1988
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 13-3306288
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	8. 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 _____ (NAME Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COO	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, DOUG	12 NAME	WEBB, DOUG
STREET ADDRESS	6 CARMICHAEL WAY	13 STREET ADDRESS	6 CARMICHAEL WAY
CITY-ST-ZIP	GROTON MA	14 CITY-ST-ZIP	GROTON, MA
TITLE	S	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALLON, JEANNIE D	22 NAME	
STREET ADDRESS	27 FAULKNER HILL RD	23 STREET ADDRESS	
CITY-ST-ZIP	ACTON MA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REED, MARTIN	32 NAME	
STREET ADDRESS	68 NEWMAN STREET	33 STREET ADDRESS	
CITY-ST-ZIP	LONDON EN	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREW GIVEN	42 NAME	
STREET ADDRESS	68 NEWMAN STREET	43 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND	44 CITY-ST-ZIP	
TITLE	CEO	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YATES, JAMES	52 NAME	TORRENCE, COREY
STREET ADDRESS	7 COPPER BEACH RD	53 STREET ADDRESS	5223 ELLIOT ROAD
CITY-ST-ZIP	SALEM NH	54 CITY-ST-ZIP	BATHESPA, MD
TITLE	CFO	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, DENNIS	62 NAME	
STREET ADDRESS	57 FOWLE ST	63 STREET ADDRESS	
CITY-ST-ZIP	WOBUM MA	64 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 in an attachment with an address.

SIGNATURE: *Jeannie Fallon, Secretary* 4/20/98

CR2E034 (10/97)