

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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90036 026 ***150.00

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PROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P18771

1. Corporation Name
LOGICA-NORTH AMERICA, INC.



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
04/11/1988

4. FEI Number **13-3306288** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | CFO <input type="checkbox"/> DELETE | 1.1 TITLE | CFO AND S AND D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEBB, DOUG | 1.2 NAME | |
| STREET ADDRESS | 6 CARMICHAEL WAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | GROTON MA | 1.4 CITY-ST-ZIP | |
| TITLE | S <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FALLON, JEANNIE D | 2.2 NAME | |
| STREET ADDRESS | 27 FAULKNER HILL RD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ACTON MA | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REED, MARTIN | 3.2 NAME | STEPHENSON HOUSE 75 HAMPSTEAD ROAD |
| STREET ADDRESS | 68 NEWMAN STREET | 3.3 STREET ADDRESS | LONDON NW1 2PL UK |
| CITY-ST-ZIP | LONDON EN | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDREW GIVEN | 4.2 NAME | STEPHENSON HOUSE 75 HAMPSTEAD ROAD |
| STREET ADDRESS | 68 NEWMAN STREET | 4.3 STREET ADDRESS | LONDON NW1 2PL UK |
| 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 | TORRENCE, COREY | 5.2 NAME | AND D |
| STREET ADDRESS | 5223 ELLIOT RD | 5.3 STREET ADDRESS | 126 MANET ROAD |
| CITY-ST-ZIP | BETHESDA MD | 5.4 CITY-ST-ZIP | CHASTNUT Hill, MA 02167 |
| TITLE | <input type="checkbox"/> DELETE | 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 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, with all other like empowered.

SIGNATURE: DOUG WEBB
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/99 617-476-8000
 Date Daytime Phone #

CR2E034 (1/98)