


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 11 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 # P19313 (6)  
 1. Corporation Name  
**INFOTEC DEVELOPMENT, INCORPORATED**



Principal Place of Business Mailing Address  
**3611 S. HARBOR BLVD. SUITE 260** **3611 S. HARBOR BLVD. SUITE 260**

<b>INFOTEC DEVELOPMENT, INC.</b>		<b>c/o PACER INFOTEC, INC.</b>		3. Date Incorporated or Qualified <b>05/19/1988</b>	3a. Date of Last Report <b>04/09/1996</b>
21. Principal Place of Business <b>3621 South Harbor Blvd.</b> Suite, Apt. #, etc. <b>Suite 250</b> City & State <b>Santa Ana, CA</b> Zip <b>92704-6975</b>	25. Country <b>USA</b>	2a. Mailing Address <b>900 Technology Park Drive</b> Suite, Apt. #, etc. <b>27</b> City & State <b>Billerica, MA</b> Zip <b>01821-4194</b>	29. Country <b>USA</b>	4. FEI Number <b>95-3312403</b>	Applied For 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		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 <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				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 <b>FL</b>	

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 <b>CD</b>	NAME <b>NIEBLA, J. FERNANDO</b>	1.1 TITLE <b>P, D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3611 S. HARBOR BLVD.</b>	CITY-ST-ZIP <b>SANTA ANA CA</b>	1.2 NAME <b>Niebla, J. Fernando</b>	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS <b>7524 Saddlehill Trail</b>	
		1.4 CITY-ST-ZIP <b>Orange, CA 92669</b>	
TITLE <b>SD</b>	NAME <b>SOULIA, JOSEPH L.</b>	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>3611 S. HARBOR BLVD.</b>	CITY-ST-ZIP <b>SANTA ANA CA</b>	2.2 NAME <b>Rennie, John C.</b>	
	<input checked="" type="checkbox"/> DELETE	2.3 STREET ADDRESS <b>900 Technology Park Drive</b>	
		2.4 CITY-ST-ZIP <b>Billerica, MA 01821-4194</b>	
TITLE <b>T</b>	NAME <b>RECTOR, HARRY</b>	3.1 TITLE <b>T, S, V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>3611 S. HARBOR BLVD.</b>	CITY-ST-ZIP <b>SANTA ANA CA</b>	3.2 NAME <b>Koczera, Rudolph R.</b>	
	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS <b>900 Technology Park Drive</b>	
		3.4 CITY-ST-ZIP <b>Billerica, MA 01821-4194</b>	
TITLE <b>D</b>	NAME <b>CASTRO, TOM</b>	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>11340 W. OLYMPIC BLVD., #206</b>	CITY-ST-ZIP <b>LOS ANGELES CA</b>	4.2 NAME <b>Goldblum, Sigmund H.</b>	
	<input checked="" type="checkbox"/> DELETE	4.3 STREET ADDRESS <b>900 Technology Park Drive</b>	
		4.4 CITY-ST-ZIP <b>Billerica, MA 01821-4194</b>	
TITLE <b>D</b>	NAME <b>HAHL, NEIL M.</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>ONE EAST 4TH STREET</b>	CITY-ST-ZIP <b>CINCINNATI OH</b>	5.2 NAME	
	<input checked="" type="checkbox"/> DELETE	5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>CONLIN, WILLIAM</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>23 HILLSBOROUGH</b>	CITY-ST-ZIP <b>NEWPORT BEACH CA</b>	6.2 NAME	
	<input checked="" type="checkbox"/> DELETE	6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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: \_\_\_\_\_ REQUIRED 9/5/97 978-667-8800

CR2E034 (4/97)