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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P29704** (4)

1. Corporation Name

HORIZONS TECHNICAL SERVICES COMPANY, INC.



Principal Place of Business

**700 TECHNOLOGY PARK DR.
BILLERICA MA 01821
US**

Mailing Address

**C/O THE CORPORATION TRUST COMPANY
1209 N. ORANGE ST.
WILMINGTON DE 19801
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

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

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.16(8), 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 607.06(5), Florida Statutes.

SIGNATURE

Signature of person authorized to execute this report

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

BOYCE, J.P.

3990 RUFFIN RD.

SAN DIEGO CA

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DVS

VAUGHAN, ROBERT L.

700 TECHNOLOGY PARK DR

BILLERICA MA

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

D

PALMER, JAMES T.

3990 RUFFIN RD.

SAN DIEGO CA

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

T

FRITSCH, DEBORAH H.

3990 RUFFIN RD.

SAN DIEGO CA

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

AS

ROJEK, JOANNE

3990 RUFFIN RD.

SAN DIEGO CA

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

DP

PONTIUS, EARL A.

700 TECHNOLOGY PARK DR

BILLERICA MA

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with an address.

SIGNATURE: *Robert L. Vaughan* **ROBERT L. VAUGHAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

508-663-6600
Secretary of State

CR2E034 (12/95)