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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P29704

HORIZONS TECHNICAL SERVICES COMPANY, INC.

Principal Place of Business					Mailing Address					1 40001004 140 floto 1814 floti 0,0				
700 TECHNOLOGY PARK DR. BILLERICA MA 01821 US				12 W	C/O THE CORPORATION TRUST COMPANY 1209 N. ORANGE ST. WILMINGTON DE 19801-1120 US			PANY						
				U(Date Incorporated or Qualit 06/07/1990 		Date of Last R 3/26/1996	eport		
2. 21				2a. 26	26. Mailing Address 26					4. FEI Number 33-0284941			pplied For ot Applicable	
22				27	Suite, Apt. #, etc.					5. Certificate of Status Desired	3 D	\$8.75 Fee Re		
23				28	City & State					Election Campaign Financia Trust Fund Contribution	rg 🖂	\$5.00 Added		
24	Zip	Zip Country 25		29	29 30		Country		This corporation has liability for I Florida Statutes			intangible tax under s. 199.032, ☐ Yes 🚺 No		
		9, Name	and Address of Curre	nt Regis	lered Agent					10. Name and Address of New				
CT CORPORATION SYSTEM								Name						
1200 S. PINE ISLAND ROAD							82	Street	Address	s (P.O. Box Number is Not Acce	optable)	· · · · · · · · · · · · · · · · · · ·		
PLANTATION FL 33324							83							
							03							
			•				84	City			FI	85 Zip (Code	
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was aut agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. 								named the corp	l corpora poration	ation submits this statement for 's board of directors. I hereby a	the purpose iccept the ap	of changing it pointment as	s registered registered	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE														
		Signature, typed	or printed name of registered ac					nt signature	c required v	vhon reinstating)	DATE			
12		D	OFFICERS AN	ID DIREC	TORS DELE		13.			ADDITIONS/CHANGES 10 C	OFFICERS AN			
	ŀ	BOYCE,	IP.		L] Ditt	1	1.1 HUE					Change	L Addition	
		3990 RU					1.2 NAME	1000000						
T. 100 11000		SAN DIE					1.3 STREET							
TITI		DVS			D£LE		1.4 CITY - ST 2.1 TITLE	1 - ZIP				Change	Addilion	
NAI	ME	VAUGHAI	N, ROBERT L.				2.2 NAME					Onlings	L	
			inology park dr				2.3 STREET	ADDRESS						
CIT	Y-ST-ZIP	BILLERIC	A MA				2. 4 CITY - S	1- ZIP						
TITE	LE	D			DELE		3.1 7/1LF					Change	Addition	
NAJ	ME		JAMES T.				3.2 NAME							
STR	EET ADDRESS	3990 RUF					3 .3 STREET	ADDRESS						
_	Y-ST-ZIP	SAN DIE	JU CA				3.4 CHY-S	T-ZIP						
TITI		FOTOGL	DEDODALLI		L] DELE	16	4.1 TITLE					Change	Addition	
NAI	-	3990 RUI	DEBORAH H.				4. 2 NAME							
	EET ADDRESS	SAN DIE					4.3 STREET		1					
	Y-ST-ZIP	AS	SU CA		X DELE		4 4 CHY-S1							
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NA	EET ADDRESS	3990 RUI					5 2 NAME	LDDDGGG		inelli, Lisabeth	_			
		SAN DIE				1	5 3 STRLET			Technology Park	Dr			
TITL	Y-ST-ZIP E	DP	AV VII		☐ DELE		5.4 C/TY - ST 6.1 TITLE	- ZIP	B11.	lerica, MA 01821	· · · · · · ·	Change	Addition	
NAN			, EARL A.		perc		6.2 NAME					Ghange	L_1 Vanilion	
	EET ADDRESS		INOLOGY PARK DR				6.3 STREET.	ADDRESS						
	(-ST-ZIP	BILLERIC					6.4 C(1 Y - \$1							

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. Robert L. Vaughan

4/29/07

508-662-6600