

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/07/1990	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 33-0284941		Applied For Not Applicable	
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 checked="" 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		85 Zip Code FL	

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYCE, J.P.	1.2 NAME	
STREET ADDRESS	3990 RUFFIN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	1.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHAN, ROBERT L.	2.2 NAME	
STREET ADDRESS	700 TECHNOLOGY PARK DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	BILLERICA MA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, JAMES T.	3.2 NAME	
STREET ADDRESS	3990 RUFFIN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRITSCH, DEBORAH H.	4.2 NAME	Hillmer, William A.
STREET ADDRESS	3990 RUFFIN RD.	4.3 STREET ADDRESS	3990 Ruffin Rd
CITY-ST-ZIP	SAN DIEGO CA	4.4 CITY-ST-ZIP	San Diego, CA
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINELLI, LISABETH	5.2 NAME	
STREET ADDRESS	700 TECHNOLOGY PARK DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BILLERICA MA	5.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PONTIUS, EARL A.	6.2 NAME	
STREET ADDRESS	700 TECHNOLOGY PARK DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	BILLERICA MA	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.

CP2E034 (10/97)