FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 DEC 19 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000003952

1. Entity Name
CAMBRIDGE SYSTEMATICS, INC.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03 MRS
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number
100 CambridgePark Drive	100 CambridgePark Drive	04-2505095
Suite, Apt. #, etc.: Suite 400	Suite, Apt. #, etc.: Suite 400	☐ Applied For ☐ Not Applicable
City & State: Cambridge, MA	City & State: Cambridge, MA	
Zip: 02140 Country: U.S.A.	Zip: 02140 Country: U.S.A.	

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

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7. Name and Address of Current Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
City: Tallahassee FL Zip Code: 32301-2525

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Jeanine Reynolds as its agent

SIGNATURE: _____ 12-19-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PTD NAME: Neumann, Lance A. STREET ADDRESS: 100 CambridgePark Drive, Suite 400 CITY-ST-ZIP: Cambridge, MA 02140	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: COO NAME: Taggart, Robert E. STREET ADDRESS: 100 CambridgePark Drive, Suite 400 CITY-ST-ZIP: Cambridg, MA 02140	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V NAME: Grenzeback, Lance R. STREET ADDRESS: 100 CambridgePark Drive, Suite 400 CITY-ST-ZIP: Cambridge, MA 02140	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: C NAME: Fowle, Albert W. STREET ADDRESS: 100 CambridgePark Drive, Suite 400 CITY-ST-ZIP: Cambride, MA 02140	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: V NAME: Cutler, Marc STREET ADDRESS: 100 CambridgePark Drive, Suite 400 CITY-ST-ZIP: Cambridge, MA 02140	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: VD NAME: Pickrell, Steve STREET ADDRESS: 555 12th Street, Floor 16, Suite 1600 CITY-ST-ZIP: Oakland, CA 94607	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

600025127906
12/01/03--01073--002 **750.00

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CR2E034B (12/02)

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Albert W Fowle Albert W Fowle 11/24/03 (617)354 0162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #