

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

2. Principal Place of Business 100 CambridgePark Drive Suite, Apt. #, etc. Suite 400 City & State Cambridge, MA Zip 02140	3. Mailing Address 100 CambridgePark Drive Suite, Apt. #, etc. Suite 400 City & State Cambridge, MA Zip 02140
Country U.S.A.	Country U.S.A.

REINSTATEMENT

03

MRB

4. FEI Number 04-2505095	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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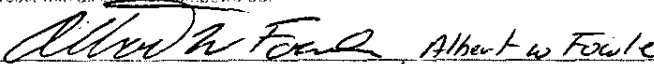
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Corporation Service Company	
	Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
	City Tallahassee	Zip Code FL 32301-2525

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	12-19-03
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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
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Neumann, Lance A. 100 CambridgePark Drive, Suite 400 Cambridge, MA 02140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600025127906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO Taggart, Robert E. 100 CambridgePark Drive, Suite 400 Cambridge, MA 02140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12/01/03--01073--002 **750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Grenzeback, Lance R. 100 CambridgePark Drive, Suite 400 Cambridge, MA 02140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Fowle, Albert W. 100 CambridgePark Drive, Suite 400 Cambridge, MA 02140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Cutler, Marc 100 CambridgePark Drive, Suite 400 Cambridge, MA 02140	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Pickrell, Steve 555 12th Street, Floor 16, Suite 1600 Oakland, CA 94607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 filers empowered.

SIGNATURE: 	11/24/03 (617)354 0162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Doc. Cloning Phone #

CR2034B (12/02)