**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 10, 2020**
**Secretary of State**
**2436493760CC**

DOCUMENT# F96000003952

**Entity Name:** CAMBRIDGE SYSTEMATICS, INC.

**Current Principal Place of Business:**

101 STATION LANDING
SUITE 410
MEDFORD, MA 02155

**Current Mailing Address:**

101 STATION LANDING
SUITE 410
MEDFORD, MA 02155 US

**FEI Number: 04-2505095**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

*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.*

SIGNATURE:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | PRESIDENT, DIRECTOR |
| Name | WRIGHT, BRADFORD W |
| Address | 101 STATION LANDING<br>SUITE 410 |
| City-State-Zip: | MEDFORD MA 02155 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | FRANKEL, EMIL |
| Address | 1620 22ND STREET, NW |
| City-State-Zip: | WASHINGTON, DC 20008 |

| | |
|---|---|
| Title | DIRECTOR, CHAIRMAN |
| Name | NEUMANN, LANCE A. |
| Address | 101 STATION LANDING<br>SUITE 410 |
| City-State-Zip: | MEDFORD MA 02155 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | FERREIRA, DAVID F. |
| Address | 24 LEE STREET |
| City-State-Zip: | CAMBRIDGE MA 02139 |

| | |
|---|---|
| Title | SECRETARY |
| Name | FOWLE, ALBERT W. |
| Address | 101 STATION LANDING<br>SUITE 410 |
| City-State-Zip: | MEDFORD MA 02155 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | STEIN, KATHLEEN E. |
| Address | 9 MCKINLEY STREET |
| City-State-Zip: | CONCORD NH 03301 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | KASAMEYER, ROBERT A. |
| Address | 103 NORTH MAIN STREET |
| City-State-Zip: | COHASSET MA 02025 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | SKINNER, ROBERT |
| Address | 1007 B LINCOLN AVENUE |
| City-State-Zip: | FALLS CHURCH VA 22046 |

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: ALBERT W. FOWLE SECRETARY 03/10/2020

Electronic Signature of Signing Officer/Director Detail — Date

**Officer/Director Detail Continued :**

| | |
|---|---|
| Title | CFO, TREASURER |
| Name | NOCITO, KAREN |
| Address | 101 STATION LANDING<br>SUITE 410 |
| City-State-Zip: | MEDFORD MA 02155 |