

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

FILED

Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F96000003952 (6)**

1. Corporation Name
CAMBRIDGE SYSTEMATICS, INC.



Principal Place of Business 150 CAMBRIDGE DRIVE SUITE 4000 CAMBRIDGE MA 02140	Mailing Address 150 CAMBRIDGE DRIVE SUITE 4000 CAMBRIDGE MA 02140-2322
---	--

2. Principal Place of Business 21 150 Cambridge Park Drive Suite, Apt. #, etc. 22 Suite 4000 City & State 23 Cambridge, MA 02140 Zip 24 02140	2a. Mailing Address 26 150 Cambridge Park Drive Suite, Apt. #, etc. 27 Suite 4000 City & State 28 Cambridge, MA Zip 29 02140	Country 25 USA 30 USA
--	---	---

3. Date Incorporated or Qualified 08/02/1996	3a. Date of Last Report
4. FEI Number 04-2905095	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
--	--

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT NEUMANN, LANCE A 150 CAMBRIDGE DRIVE Cambridge Park Drive CAMBRIDGE MA 02140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X Sr. VP LEPORE, ROBERT L 150 CAMBRIDGE DRIVE Cambridge Park Drive CAMBRIDGE MA 02140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Sr. VP GRENZBACK, LANCE R 150 CAMBRIDGE DRIVE Cambridge Park Drive CAMBRIDGE MA 02140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FOWLE, ALBERT W 150 CAMBRIDGE DRIVE Cambridge Park Drive CAMBRIDGE MA 02140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CUTLER, MARC 150 CAMBRIDGE DRIVE Cambridge Park Drive CAMBRIDGE MA 02140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PICKRELL, STEVE 1300 CLAY STREET OAKLAND CA 94612

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VP of Finance Candace S Tobin 150 Cambridge Park Drive Cambridge, MA 02140
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Sr. VP Arlene T. Reno 5225 Wisconsin Ave. N.W. Suite 409 Washington, DC 20015
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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.

SIGNATURE: Albert W. Fowle 1/22/97 617 354 0167
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)