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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F96000003952 (6)

CAMBR	IDGE SYSTEMATICS, INC.	•			
Principal Place	of Business	Mailing Address			IISO IKAK IBARI DINIO MDI IDA
150 CAMBRIDGE DRIVE		150 CAMBRIDGE DRIVE			
SUITE 4000 CAMBRIDGE MA 02140		SUITE 4000		<u> </u>	
		CAMBRIDGE MA 02140		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 08/02/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
1	· · · · · · · · · · · · · · · · · · ·	[26]		04-2905095	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Žip	Country	8. This corporation owes or has paid the co	
•	25	[29]	30		☐ Yes ☐ No
	9. Name and Address of Curre	nt Registered Agent	,	10. Name and Address of New Registered	Agent
SIGNATURE				Corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap	85 Zip Code of changing its registered pointment as registered
	Signature, typod or pointed name of regulation as		Registered Agent signature		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
ITLE	PTD	DELETE	1.1 TITLE		Change Addition
IAME	NEUMANN, LANCE A		1.2 NAME		
STREET ADDRESS	150 CAMBRIDGE DRIVE		1.3 STREET ADDRESS		
HTY-ST-ZIP	CAMBRIDGE MA	T Project	1.4 CITY - ST - ZIP		Ot and Addition
OTLE	•	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
iame	LEPORE, ROBERT L		2 2 NAME		
STREET ADDRESS	150 CAMBRIDGE DRIVE		23 STREET ADDRESS		
ITY-ST-ZIP	CAMBRIDGE MA 02140	DELCTE	2 4 CITY-ST-ZIP		Change Addition
ITLE	•	□] ntfrif	3.1 TITLE		LI Cusure 1 Madillo
IAME	GRENZEBACK, LANCE R		3.2 NAME		
STREET ADDRESS	150 CAMBRIDGE DRIVE		3.3 STREET ADDRESS		
CHTY-ST-ZIP	CAMBRIDGE MA 02140	Dour	3.4. CITY-ST-ZIP		Change Addition
INTLE	C EOM E AI DEST W	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition

CITY-ST-ZIP 14. Thereby certify that the information supplied with the 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 address.

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6 3 STREET ADDRESS

5.4 CITY - ST-ZIP

51 HILE

5.2 NAME

6 1 TITLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

NAME

150 CAMBRIDGE DRIVE

CAMBRIDGE MA 02140

150 CAMBRIDGE DRIVE

**CAMBRIDGE MA 02140** 

CUTLER, MARC

PICKRELL, STEVE

**OAKLAND CA** 

1300 CLAY STREET

DELETE

DELETE

Change

Change

Addition

Addition

**FILED** 

Feb 26 1998 8:00am

Secretary of State