

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90017 020 ***150.00

DOCUMENT # F96000003952

1. Entity Name

CAMBRIDGE SYSTEMATICS, INC.

A0019981



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
04-2905095	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	<input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution.	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	NEUMANN, LANCE A
STREET ADDRESS	150 CAMBRIDGE DRIVE
CITY-ST-ZIP	CAMBRIDGE MA
TITLE	V
NAME	LEPORE, ROBERT L
STREET ADDRESS	150 CAMBRIDGE DRIVE
CITY-ST-ZIP	CAMBRIDGE MA 02140
TITLE	V
NAME	GRENZEBACK, LANCE R
STREET ADDRESS	150 CAMBRIDGE DRIVE
CITY-ST-ZIP	CAMBRIDGE MA 02140
TITLE	C
NAME	FOWLE, ALBERT W
STREET ADDRESS	150 CAMBRIDGE DRIVE
CITY-ST-ZIP	CAMBRIDGE MA 02140
TITLE	V
NAME	CUTLER, MARC
STREET ADDRESS	150 CAMBRIDGE DRIVE
CITY-ST-ZIP	CAMBRIDGE MA 02140
TITLE	VD
NAME	PICKRELL, STEVE
STREET ADDRESS	1300 CLAY STREET
CITY-ST-ZIP	OAKLAND CA

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:	<i>Albert W. Fowle</i>	Albert W. Fowle, Clerk	1/12/00	(617) 354 0167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				

CR2E034 (9/99)