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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90216 012 ***150.00

DOCUMENT # P40851

1. Corporation Name

DATA CONVERSION INC

DAIA CC	MAVERSION, INC.									
Principal Plac	e of Business	Mailing	Address				-} 3 (BB45BB4 (3) B4B44 BB4B4 (B4B4 B46B1)6B4 B4B34 (itati atati at	en eren	#1#11 (##1
238 MAIN STREET 238 MAIN STREET CAMBRIDGE MA 02142 CAMBRIDGE MA 02142						DO NOT WRITE IN TH	IS SPACE		• .	
							3. Date Incorporated or Qualifed			
							10/05/1992			
├~~¬ `			2a. Mailing Address				4. FEI Number	Applied For		
21		Suite Act # etc					04-2506346	Not Applicable \$8.75 Additional		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					-5: Certificate of Status Desired	Fee Required		
City & Stat	le	City	City & State				6. Election Campaign Financing			lay Be
23	[28]						Trust Fund Contribution		ded to	Fees
Zip ├─¬				Coúnt	ry		8. This corporation owes the current year I	ntangible Yes	r	JNo ∫
24	25 S Alexandra (Address of Course	29		30)			Personal Property Tax. 10. Name and Address of New Registere		<u>_</u> _	
L	9. Name and Address of Curre	it Kegisteret	a Agent		1	Name	10. Name and Address of New Negistere	2 Main		
	ORPORATION SYSTEM		·		2		ess (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			_	3						
, 5,0,0				_	1					
				8	4	City	F	L 85	Zíp Co	ode
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. S	uch change was au	thorized b	y t	the corporation	pration submits this statement for the purpose in's board of directors. I hereby accept the app	of changing ointment a	g its re is regi	egistered (stered
SIGNATURE										<u>. </u>
	Signature, typed or printed name of registered age				ent	signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	ND DIE	CTOP	
12.	OFFICERS AI	ND DIRECTO	DELETE	13.	-		AUDITIONS/CHANGES TO OFFICERS A	Cha		Addition
NAME	PATNI, NARENDRA K		<u></u>	1,2 NAM		}		<u></u>	-3-	
STREET ADDRESS	100 MEMORIAL DRIVE			1		ADDRESS				}
CITY-ST-ZIP	CAMBRIDGE MA			1.3 STREET ADDRESS		ļ				
TITLE	T			_	2.1 TITLE			☐ Cha	nge	Addition
NAME				2.2 NAME				-	-	
	100 MEMORIAL DRIVE					ADDRESS				{
CITY-SY-ZIP	CAMBRIDGE MA			2. 4 CITY	-	1				{
TITLE	DELETE			3.1 TITLE			☐ Char	nge	☐ Addition	
NAME	3.21		3.2 NAME	Ξ					}	
STREET ADDRESS				3.3 STRE	ET/	ADDRESS				
CITY-ST-ZIP				3.4. CITY	-57	r-21P				}
TITLE			☐ DELETE	4,1 TITLE	:			☐ Chai	nge	Addition
NAME				4. 2 NAM	E	}				{
STREET ADDRESS				4.3 STRE	ET.	ADDRESS				}
CITY-ST-ZIP	 			4.4 CTY-S		-ZIP]
TITLE		<u> </u>		5.1 TITLE		}		Cha	nge	Addition
NAME				5.2 NAM		}				{
STREET ADDRESS						ADDRESS ({
CITY-ST-ZIP	<u> </u>			54 CITY		- ZIP		سيجد		
TITLE			☐ DELETE	6.1 TITLE			**	Deps	nge	Addition }
NAME				6.2 NAME		1=50005				}
STREET ADDRESS	}			ı		ADDRESS				}
CITY-ST-ZIP	<u> </u>			6.4 CITY	ST-	-ZIP				}

14. 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 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 chaptged, or on an attachment with an address, with all other like empowered.

SIGNATURE: