

1.) CORPORATION NAME:

**Cambridge Systematics, Inc.**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1679713**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	600,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 CAMBRIDGEPARK DR  
SUITE 400

CITY/ST/ZIP: CAMBRIDGE, MA 02140

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	BRADFORD W WRIGHT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	100 CAMBRIDGEPARK DRIVE		
	SUITE 400		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02140		

NAME:	VASSILIOS ALEXIADIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	555 12TH ST STE 1600		
	OAKLAND, CA 94607		

NAME:	ALBERT W FOWLE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	100 CAMBRIDGEPARK DRIVE		
	SUITE 400		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02140		

NAME:	CANDACE S MACOMBER TOBIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/TREASURER		
ADDRESS:	100 CAMBRIDGEPARK DRIVE		
	SUITE 400		
CITY/ST/ZIP/CO:	CAMBRIDGE, MA 02140		

NAME:	MOSHE BEN-AKIVA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	54 BUCKMINISTER RD		
	BROOKLINE, MA 02445		

NAME: EMIL FRANKEL TITLE: DIRECTOR ADDRESS: 1620 22ND ST, NW CITY/ST/ZIP/CO: WASHINGTON, DC 20008	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT A KASAMEYER TITLE: DIRECTOR ADDRESS: 103 N MAIN ST CITY/ST/ZIP/CO: COHASSET, MA 02025	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: LANCE A NEUMANN TITLE: DIRECTOR ADDRESS: 100 CAMBRIDGEPARK DR CITY/ST/ZIP/CO: SUITE 400 CAMBRIDGE, MA 02140	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: KATHLEEN E STEIN TITLE: DIRECTOR ADDRESS: 8 HILLS AVENUE CITY/ST/ZIP/CO: CONCORD, NH 03301	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: PRAVIN VARAIYA TITLE: DIRECTOR ADDRESS: 253 CORY HALL CITY/ST/ZIP/CO: BERKELEY, CA 94720-1770	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ CANDACE S MACOMBER TOBIN	CANDACE S MACOMBER TOBIN, CFO/TREASURER	<u>7/19/2012</u> DATE
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		