


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Sep 14, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000004701
 1. Entity Name
 COMPUTEREASE SOFTWARE INC.



| | |
|---|---|
| Principal Place of Business 6460 HARRISON AVE SUITE 200 CINCINNATI, OH 45247 | Mailing Address 6460 HARRISON AVE SUITE 200 CINCINNATI, OH 45247 |
|---|---|

DO NOT WRITE IN THIS SPACE



09132007 No Chg-P CR2E034 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 31-1364219 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

MATTLIN, ROBERT
 6142 SE LANDING WAY, UNIT 10 BLDG. 9
 STUART, FL 34997

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MATTLIN, ROBERT 6460 HARRISON AVE SUITE 200 CINCINNATI, OH 45247 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MEIBERS, JOHN 6460 HARRISON AVE SUITE 200 CINCINNATI, OH 45247 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FOX, AMY 6460 HARRISON AVE SUITE 200 CINCINNATI, OH 45247 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Amy Fox Amy Fox 9-12-07 (513)481-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #