


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000004195

1. Entity Name
 SOFTWORLD, INC.



Principal Place of Business
 395 TOTTEN POND RD.
 WALTHAM, MA 02451

Mailing Address
 395 TOTTEN POND RD.
 WALTHAM, MA 02451



03252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 04-3273385 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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
After May 1, 2004 Fee will be \$550.00

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

1100000098493
 03/29/04-80043-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO TEITELMAN, DAVID 395 TOTTEN POND RD. WALTHAM, MA 02451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS SHUMAN, MICHAEL 28 BARNEY HILL RD. WAYLAND, MA 01778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUNICKI, HENRY 47 TERESA RD. HOPKINTON, MA 01748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESTRIDGE, KEN 33 BROAD ST, 7TH FLOOR BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael Shuman Michael Shuman 3-26-04 781466 8882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #