

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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004829 (5)
 1. Corporation Name
CONNECTWARE, INC.



Principal Place of Business 1301 E ARAPAHO RD RICHARDSON TX 75081	Mailing Address 1301 E ARAPAHO RD RICHARDSON TX 75081-2444
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 09/19/1996	3a. Date of Last Report
4. FLI Number 75-2503414	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	HASSAN, JAVAD K	
STREET ADDRESS	PO BOX 3808 N/A	
CITY-ST-ZIP	HARRISBURG PA 17105-3808	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUDSON, WILLIAM J	
STREET ADDRESS	PO BOX 3808 N/A	
CITY-ST-ZIP	HARRISBURG PA 17105-3808	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARLEY, JAMES E	
STREET ADDRESS	PO BOX 3808 N/A	
CITY-ST-ZIP	HARRISBURG PA 17105-3808	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIPP, ROBERT	
STREET ADDRESS	PO BOX 3808 N/A	
CITY-ST-ZIP	HARRISBURG PA 17105-3808	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRANBOIS, KATHERINE P	
STREET ADDRESS	PO BOX 3808 (MS176-41) N/A	
CITY-ST-ZIP	HARRISBURG PA 17105-3808	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, TIMOTHY P	
STREET ADDRESS	1301 E ARAPAHO RD	
CITY-ST-ZIP	RICHARDSON TX 75081	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VT WILLIAM M. DANIELER
1.3 STREET ADDRESS	989 HILLS DALE BLVD, SUITE 290
1.4 CITY-ST-ZIP	FOSTER CITY, CA 94404
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 changed, or on an attachment, with an address.

SIGNATURE: _____ **5-5-97 415 258-1309**

CR2E034 (9/96)