2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003749

FILED May 02, 2005 Secretary of State

Entity Name: ASSOCIATION FOR SOFTWARE TESTING, INC.

Current Pi	rincipal Place of Business:	New Principal Place of Business:
	BURY POINT ROAD NW ', FL 32907	
Current M	ailing Address:	New Mailing Address:
1600 SEAE	BURY POINT ROAD NW 7, FL 32907	
n accordanc	20-1010345 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not Address of Current Registered Agent:	FEI Number Not Applicable () Certificate of Status Desired () t receive the prior notice. Name and Address of New Registered Agent:
	EM BURY POINT ROAD NW 7, FL 32907 US	
	named entity submits this statement for the peof Florida.	urpose of changing its registered office or registered agent, or both,
SIGNATUF	RE:	
	Electronic Signature of Registered Age	nt Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	DP () Delete SCHROEDER, PATRICK 3200 N. CRAMER STREET MILWAUKEE, WI 532113029	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: Dity-St-Zip:	DT () Delete MCGEE, JAMES P 3500 EGRET DRIVE MELBOURNE, FL 32901	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	DVP () Delete KANER, CEM 1600 SEABURY POINT ROAD NW PALM BAY, FL 32907	Title: () Change () Addition Name: Address: City-St-Zip:
Fitle: Name: Address: City-St-Zip:	D () Delete TINKHAM, ANDREW D 4785-8 LAKE WATERFORD WAY WEST MELBOURNE, FL 32901	Title: D (X) Change () Addition Name: NGUYEN, HUNG Q Address: 551 PILGRIM DRIVE, SUITE A-1 City-St-Zip: FOSTER CITY, CA 94404
Fitle: Name: Address: City-St-Zip:	DVP () Delete HOFFMAN, DOUGLAS 24646 HEATHER HEIGHTS PLACE SARATOGA, CA 950709710	Title: () Change () Addition Name: Address: City-St-Zip:
Γitle: Name:	DVP () Delete TONGEREN, TIM V	Title: () Change () Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES PATRICK MCGEE DT 05/02/2005