


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90018 004 ***150.00

DOCUMENT # F03000001870	
1. Entity Name SPL WORLDGROUP SOFTWARE INC.	

Principal Place of Business 1445 EAST PUTNAM AVE. OLD GREENWICH, CT 06870	Mailing Address 1445 EAST PUTNAM AVE. OLD GREENWICH, CT 06870
--	--

24005647

2. Principal Place of Business 1445 East Putnam Ave. Suite, Apt. #, etc.	3. Mailing Address 1445 East Putnam Ave. Suite, Apt. #, etc.
City & State Old Greenwich, CT 06870	City & State Old Greenwich, CT 06870
Zip	Country

01152004 Chg-P CR2E034 (10/03)

4. FEI Number 06-1195518	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	---

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 <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME HOLLOWAY, GEOFF STREET ADDRESS 1445 EAST PUTNAM AVE. CITY-ST-ZIP OLD GREENWICH, CT 06870	<input type="checkbox"/> Delete	TITLE (P) NAME Holloway, Geoffrey N. STREET ADDRESS 1445 East Putnam Ave. CITY-ST-ZIP Old Greenwich, CT 06870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME ZOLEZZI, RICHARD STREET ADDRESS 75 HAWTHORNE PLAZA CITY-ST-ZIP SAN FRANCISCO, CA 94105	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME CHAMBERS, PETRA STREET ADDRESS 1445 EAST PUTNAM AVE. CITY-ST-ZIP OLD GREENWICH, CT 06870	<input type="checkbox"/> Delete	TITLE S NAME Chambers, Petra STREET ADDRESS 1445 East Putnam Ave. CITY-ST-ZIP Old Greenwich, CT 06870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CD NAME HOBBS, C D STREET ADDRESS 75 HAWTHORNE PLAZA CITY-ST-ZIP SAN FRANCISCO, CA 94105	<input checked="" type="checkbox"/> Delete	TITLE D NAME Martini, Michael STREET ADDRESS 75 Hawthorne Plaza, Suite 2000 CITY-ST-ZIP San Francisco, CA 94105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE V/T NAME Van Orden, Scott STREET ADDRESS 75 Hawthorne Plaza, Suite 2000 CITY-ST-ZIP San Francisco, CA 94105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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:  **1/15/04** **203-698-2399**

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