

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F08000003583

FILED
Jul 31, 2009
Secretary of State**Entity Name:** SPECTORSOFT CORPORATION**Current Principal Place of Business:**1555 INDIAN RIVER BLVD., BLDG. B210
VERO BCH, FL 32960**New Principal Place of Business:****Current Mailing Address:**1555 INDIAN RIVER BLVD., BLDG. B210
VERO BCH, FL 32960**New Mailing Address:****FEI Number:** 59-3586778**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CHESLEY, RONALD
1555 INDIAN RIVER BLVD., BLDG. B210
VERO BEACH, FL 32960 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: FOWLER, C. DOUGLAS
Address: 1555 INDIAN RIVER BLVD., BLDG. B210
City-St-Zip: VERO BCH, FL 32960

Title: VSD () Delete
Name: CHESLEY, RONALD
Address: 1555 INDIAN RIVER BLVD., BLDG. B210
City-St-Zip: VERO BCH, FL 32960

Title: D () Delete
Name: WADSWORTH, ROBERT
Address: ONE FINANCIAL CENTER 4TH FLOOR
City-St-Zip: BOSTON, MA 02111

Title: D () Delete
Name: JOHNSTON, WILLIAM
Address: ONE FINANCIAL CENTER 4TH FLOOR
City-St-Zip: BOSTON, MA 02111

Title: D () Delete
Name: VON SCHROETE, CARLO
Address: ONE INTERNATIONAL PLACE 7TH FLOOR
City-St-Zip: BOSTON, MA 02110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JUDGE, JASON
Address: 5578 WHIRLAWAY RD
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. DOUGLAS FOWLER

PTD

07/31/2009

Electronic Signature of Signing Officer or Director

Date