

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000003583

FILED
Feb 23, 2010
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

Title: D
Name: JUDGE, JASON
Address: 1555 INDIAN RIVER BLVD
City-St-Zip: VERO BEACH, FL 32960

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

I hereby 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 all other like empowered.

SIGNATURE: C. DOUGLAS FOWLER

PRES

02/23/2010

Electronic Signature of Signing Officer or Director

Date