

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005128

FILED  
Feb 09, 2012  
Secretary of State

Entity Name: SOFTGATE SYSTEMS, INC.

## Current Principal Place of Business:

330 PASSAIC AVENUE  
FAIRFIELD, NJ 07004

## New Principal Place of Business:

## Current Mailing Address:

330 PASSAIC AVENUE  
FAIRFIELD, NJ 07004

## New Mailing Address:

FEI Number: 22-3745079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: PRES  
Name: AULETTA, RICHARD  
Address: 330 PASSAIC AVENUE  
City-St-Zip: FAIRFIELD, NJ 07004

Title: SEC  
Name: SILVER, COLE  
Address: 330 PASSAIC AVENUE  
City-St-Zip: FAIRFIELD, NJ 07004

Title: TREA  
Name: HOPKINS, THOMAS  
Address: 330 PASSAIC AVENUE  
City-St-Zip: FAIRFIELD, NJ 07004

Title: DIR  
Name: RANA, MANU  
Address: 399 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10022

Title: DIR  
Name: CICHOWSKI, MICHAEL  
Address: 1009 LENOX DRIVE  
City-St-Zip: LAWRENCEVILLE, NJ 08648

Title: DIR  
Name: COLE, MARC  
Address: 375 PARK AVENUE  
City-St-Zip: NEW YORK, NY 10152 US

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: THOMAS HOPKINS

TREA

02/09/2012

Electronic Signature of Signing Officer or Director

Date