


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90036 041 ***150.00

DOCUMENT # F00000005357 1. Entity Name SOFTWARE CORPORATION INTERNATIONAL					
Principal Place of Business 8 RIVER HILLS LANE TOLEDO, OH 43623 US			Mailing Address P O BOX 2786 TOLEDO, OH 43606 US		
2. Principal Place of Business PO Box 2786 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Toledo OH		City & State		4. FEI Number 34-1654031	
Zip 43606		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROHRER, THOMAS S 8510 EGRET LAKES LANE WEST PALM BEACH, FL 33412				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 _____					
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 </div> <div> 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DC NAME NASH, MICHAEL D STREET ADDRESS 8 RIVER HILLS LANE CITY-ST-ZIP TOLEDO, OH 43623	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 111 DUNE LANE CITY-ST-ZIP HILTON HEAD ISLAND, SC 29928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME SIDES, D. KEITH STREET ADDRESS 269 IKERD DR SE CITY-ST-ZIP CONCORD, NC 28025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DP NAME ROHRER, THOMAS S STREET ADDRESS 8510 EGRET LAKES LANE CITY-ST-ZIP WEST PALM BEACH, FL 33412	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME WARRINGTON, DAVID STREET ADDRESS 426 WILLETT ST CITY-ST-ZIP BUFFALO, NY 14206	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME NASH, BARBARA A STREET ADDRESS 8 RIVER HILLS LANE CITY-ST-ZIP TOLEDO, OH 43623	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 111 DUNE LANE CITY-ST-ZIP HILTON HEAD ISLAND, SC 29928	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: <i>Michael P. Nash</i> Chairman & CEO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/9/04 8438427750 <small>Date Daytime Phone #</small>		