

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90010 040 \*\*\*158.75

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DOCUMENT # F02000003477	
1. Entity Name COGSDALE SOFTWARE CORPORATION	



Principal Place of Business 14 MACALEER DR SUITE 5 CHARLOTTETOWN, PEI CANADA, (c1a-2a1)	Mailing Address 14 MACALEER DR SUITE 5 CHARLOTTETOWN, PEI CANADA, (c1a-2a1)
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2. Principal Place of Business 14 MacAleer Drive Suite, Apt. #, etc. Suite 5 City & State Charlottetown, PEI Zip C1E 2A1 Country CANADA	3. Mailing Address 14 MacAleer Drive Suite, Apt. #, etc. Suite 5 City & State Charlottetown, PEI Zip C1E 2A1 Country CANADA
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01062004 Chg-P CR2E034 (10/03)

4. FEI Number 98-0363498	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SHIPPY, DAREN L 2548 BLAIRSTONE PINES DRIVE TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PERRY, DAVID 134 TARTON DRIVE NEPEAN, ONTARIO, K2J 3S6 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Perry, David 86 Gamma Court Ottawa, Ontario, K2S 3W8, CANADA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC SHAW, DUNCAN 848 LAURIER DRIVE LASALLE, ONTARIO, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Shaw, Duncan 848 Laurier Drive Lasalle, Ontario, N9S 1N1, CANADA <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	"DCEO" SIKIC, ZELJKO 7454 BLACK WALNUT TRAIL MISSISSAUGA, ONTARIO, L5N 8D2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GAUDIN, TODD 96 WESTRIDGE CRESCENT CHARLOTTETOWN, C1A 6Z2 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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 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: Todd Gaudin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 6, 2004 902-368-8494  
Date Daytime Phone #