2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90076 041 ***150.00

DOCUMENT # F02000004701

1. Entity Name
COMPUTEREASE SOFTWARE INC.

Principal Place of Business
3016 HARRISON AVE.
CINCINNATI, OH 45211

Mailing Address
3016 HARRISON AVE.
CINCINNATI, OH 45211

20013960

01272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1364219

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MATTLIN, ROBERT
6142 SE LANDING WAY, UNIT 10 BLDG. 9
STUART, FL 34997

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MATTLIN, ROBERT
STREET ADDRESS	3016 HARRISON AVE.
CITY-ST-ZIP	CINCINNATI, OH 45211
TITLE	VP
NAME	MEIBERS, JOHN
STREET ADDRESS	3016 HARRISON AVE.
CITY-ST-ZIP	CINCINNATI, OH 45211
TITLE	S
NAME	FOX, AMY
STREET ADDRESS	3016 HARRISON AVE.
CITY-ST-ZIP	CINCINNATI, OH 45211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Amy Fox — Amy Fox — 2-3-05 — (513) 481-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #