


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # F02000005265 1. Entity Name KEWILL SOLUTIONS NORTH AMERICA, INC. |  |
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| Principal Place of Business 100 NICKERSON ROAD MARLBOROUGH, MA 01752 | Mailing Address 100 NICKERSON ROAD MARLBOROUGH, MA 01752 |
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DO NOT WRITE IN THIS SPACE



04202004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 04-3109841 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD OWEN, WILLIAM 100 NICKERSON ROAD MARLBOROUGH, MA 01752 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VTS CIRILLO, TRACY M 100 NICKERSON ROAD MARLBOROUGH, MA 01752 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NICHOLS, PAUL 100 NICKERSON ROAD MARLBOROUGH, MA 01752 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Tracy M. Cirillo 4/25/04 208,229.4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #