

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006194

FILED  
Aug 09, 2004  
Secretary of State

Entity Name: SOFTWARE BUSINESS PRODUCTS CORPORATION

## Current Principal Place of Business:

10001 ALLIANCE ROAD  
CINCINNATI, OH 45242

## New Principal Place of Business:

## Current Mailing Address:

10001 ALLIANCE ROAD  
CINCINNATI, OH 45242

## New Mailing Address:

FEI Number: 31-1633969      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WEEKS, RICHARD E  
215 CELEBRATION PLACE SUITE 500  
CELEBRATION, FL 34747 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: WEEKS, RICHARD E  
Address: 10001 ALLIANCE ROAD  
City-St-Zip: CINCINNATI, OH 45242

Title: DT (X) Delete  
Name: HAMILTON, FRANK T III  
Address: 10001 ALLIANCE ROAD  
City-St-Zip: CINCINNATI, OH 45242

Title: DS (X) Delete  
Name: LONG, GODFREY M JR  
Address: 10001 ALLIANCE ROAD  
City-St-Zip: CINCINNATI, OH 45242

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: OD (X) Change ( ) Addition  
Name: WEEKS, RICHARD E  
Address: 10001 ALLIANCE ROAD  
City-St-Zip: CINCINNATI, OH 45242

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD E. WEEKS

OD

08/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date