

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90211 044 \*\*\*150.00

**DOCUMENT # F03000003121**

1. Entity Name  
**JETFORM CORPORATION**



Principal Place of Business  
**7600 LEESBURG PIKE  
EAST BUILDING, SUITE 430  
FALLS CHURCH, VA 22043**

Mailing Address  
**7600 LEESBURG PIKE  
EAST BUILDING, SUITE 430  
FALLS CHURCH, VA 22043**

2. Principal Place of Business  
**345 Park Ave.**

3. Mailing Address  
**345 Park Ave.**

Suite, Apt. #, etc.  
**M/S A15-Tax**

Suite, Apt. #, etc.  
**M/S A15-Tax**

City & State  
**San Jose, CA**

City & State  
**San Jose, CA**

Zip  
**95110-2704**

Country  
**USA**

Zip  
**95110-2704**

Country  
**USA**

04142004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**35-1780526**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**CONNOLLY, JAMES  
405 CENTRAL AVE., SUITE 400  
ST. PETERSBURG, FL 33701**

**7. Name and Address of New Registered Agent**

Name  
**CSC-Corporate-Services-Company**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**

City  
**Tallahassee**

**FL**

Zip Code  
**32301-2525**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution: ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
**PCEO** ☒ Delete  
NAME  
**FRANCIS, KEVIN A**  
STREET ADDRESS  
**560 ROCHESTER ST**  
CITY-ST-ZIP  
**OTTAWA, ONTARIO, CANADA,**

TITLE  
**D** ☒ Delete  
NAME  
**FRANCIS, KEVIN A**  
STREET ADDRESS  
**560 ROCHESTER ST**  
CITY-ST-ZIP  
**OTTAWA, ONTARIO, CANADA,**

TITLE  
**VCFO** ☒ Delete  
NAME  
**MCMULLEN, JEFF**  
STREET ADDRESS  
**560 ROCHESTER ST**  
CITY-ST-ZIP  
**OTTAWA, ONTARIO, CANADA,**

TITLE  
**D** ☒ Delete  
NAME  
**MCMULLEN, JEFF**  
STREET ADDRESS  
**560 ROCHESTER ST**  
CITY-ST-ZIP  
**OTTAWA, ONTARIO, CANADA,**

TITLE  
**VD** ☒ Delete  
NAME  
**DOODY, GLEN J**  
STREET ADDRESS  
**5700 TENNYSON PKY., SUITE 130**  
CITY-ST-ZIP  
**PLANO, TX 75075**

TITLE  
**S** ☒ Delete  
NAME  
**WEINSTEIN, DEBORAH L**  
STREET ADDRESS  
**333 PRESTON ST., 11TH FLOOR**  
CITY-ST-ZIP  
**OTTAWA, ONTARIO, CANADA,**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
**P/CEO/D** ☐ Change ☒ Addition  
NAME  
**Bruce Chizen**  
STREET ADDRESS  
**345 Park Ave.**  
CITY-ST-ZIP  
**San Jose, CA 95110-2704**

TITLE  
**V/CFO/D** ☐ Change ☒ Addition  
NAME  
**Murray Demo**  
STREET ADDRESS  
**345 Park Ave.**  
CITY-ST-ZIP  
**San Jose, CA 95110-2704**

TITLE  
**V/S** ☐ Change ☒ Addition  
NAME  
**Karen O. Cottle**  
STREET ADDRESS  
**345 Park Ave.**  
CITY-ST-ZIP  
**San Jose, CA 95110-2704**

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

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:**

*Murray J. Demo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Murray J. Demo**

**4/26/04**  
Date

**408.536.6000**  
Daytime Phone #