2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-30-2004 90336 035 ***150.00

FILED F03000004538
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL -2 AM 10:38

DOCUMENT # F03000004538

1. Entity Name
WEBGEN SYSTEMS, INC.

Principal Place of Business	Mailing Address
41 WILLIAM LINSKEY WAY CAMBRIDGE, MA 02142	41 WILLIAM LINSKEY WAY CAMBRIDGE, MA 02142

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 621822863 ☐ Applied For
APPLIED FOR ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

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	C WEAVER, DAVID R 41 WILLIAM LINSKEY WAY CAMBRIDGE, MA 02142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Daniel K. Thorne 142 W. 57th St. New York, NY 10019 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRICKFIELD, PETER 1025 THOMAS JEFFERSON ST. N.W. WASHINGTON, DC 20007	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DANA Appling 41 WILLIAM LANSKEY WAY CAMBRIDGE, MA, ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARNS, MICHAEL 966 CORAL DR. PEBBLE BEACH, CA 93953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ICRUTHOFFER, IAN 13643 Deering Bay Dr. #115 Miami, FL 33158 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIEL, DANIEL 100 N. TRYON ST. CHARLOTTE, NC 28255	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MINOR HINSON 100 N. TRYON St Charlotte, NC 28255 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NOYES, MARK A 41 WILLIAM LINSKEY WAY CAMBRIDGE, MA 02142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	A LEWIS, MILTON 420 Lexington Ave. Suite 1740 New York, NY 10170 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTO MAHLIND, DIRK E 41 WILLIAM LINSKEY WAY CAMBRIDGE, MA 02142	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 4/24/04 (617)349-0724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # x103

DANA S. APPLING

7/2 00