## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000001528

Title:

Name:

Address:

City-St-Zip:

Entity Name: CANOPY ROAD SOFTWARE, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
500 ARCH ST WILIAMSPORT, PA 17701			926 PLAZA DRIVE MONTOURSVILLE, PA 17754		
Current Mailing Address:			New Mailing Address:		
500 ARCH WILIAMSPO	ST DRT, PA 17701		926 PLAZA MONTOUR	A DRIVE RSVILLE, PA 17754	
FEI Number:	23-2700296	FEI Number Applied For ( ) FEI Nu	ımber Not Appli	licable ( ) Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:	
155 OFFICE TALLAHAS	E PLAZA DR., \$ SEE, FL 32301	US	- <b>-</b>	ita an aiste and a fficiency and a second and	
in the State		bmits this statement for the purpose	of changing it	its registered office or registered agent, or both,	
SIGNATUR	E:				
	Electronic	Signature of Registered Agent		Date	
Election Cam	paign Financing 1	rust Fund Contribution ( ).			
OFFICERS	AND DIRECTO	ORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PST () D UZUPISS, STEVE 500 ARCH ST WILLIAMSPORT,		Title: Name: Address:	P/D (X) Change ( ) Addition LARGEN, JOSEPH 500 ARCH ST	
		17. 17701	City-St-Zip:	WILLIAMSPORT, PA 17701 US	
Title: Name: Address: City-St-Zip:	AT () D DILL, RICHARD 500 ARCH ST WILLIAMSPORT,	elete	City-St-Zip: Title: Name: Address: City-St-Zip:		
Name: Address:	DILL, RICHARD 500 ARCH ST WILLIAMSPORT,	PA 17701  elete  R., STE 100	Title: Name: Address:	WILLIAMSPORT, PA 17701 US  V (X) Change ( ) Addition LUPACCHINO, PETER 500 ARCH ST	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: PETER M. LUPACCHINO V 04/21/2009

( ) Delete

BELZAR, RICHARD

17605 FONTICELLO WAY

SAN DIEGO, CA 92128

(X) Change ( ) Addition

BRODY, ARTHUR

6847 LA VALLE PLATEADA

RANCHO SANTA FE, CA 92067 US