

\$150.00

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED

07 FEB 22 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F06000001665

1. Entity Name  
QUADRANT SOFTWARE, INC.



Principal Place of Business  
PO BOX 200  
MANSFIELD, MA 02048

Mailing Address  
PO BOX 200  
MANSFIELD, MA 02048



01172007 Chg-P CR2E034 (12/06) 07

2. Principal Place of Business - No P.O. Box #  
13095 Telecom Pkwy N.  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Tampa FL

City & State

Zip  
33637

Country  
USA

Zip

Country

4. FEI Number  
04-3151753

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGTON, GARY J  
6414 MACLAURIN DR  
TAMPA, FL 33647

7. Name and Address of New Registered Agent

Name

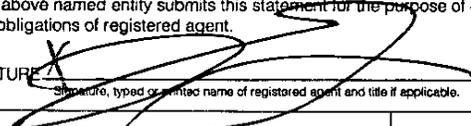
Street Address (P.O. Box Number is Not Acceptable)  
13095 Telecom Parkway N.

City  
Temple Terrace

FL

Zip Code  
33637

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  Gary J. Langton CEO-Founder 1/17/07

(NOTE: Registered Agent signature required when reinstating)

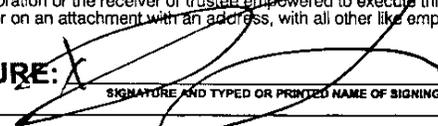
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CP<br>LANGTON, GARY J<br>6414 MACLAURIN DR<br>TAMPA, FL 33634 <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVPS<br>DEPIERRO, PETER P<br>5 MAPLEWOOD ORCHARD<br>GREENVILLE, RI 02828 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>33647                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>800089279258<br>02/26/07--01002--025 **200.00 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Gary J. Langton CEO & Co-Founder 1/17/07 81397719500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #