

\$150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 FEB 22 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
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| 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 | |
| 2. Principal Place of Business - No P.O. Box # 13095 Telecom Pkwy N. | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Tampa FL | | City & State | |
| Zip 33637 | | Country USA | |
| 4. FEI Number 04-3151753 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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 Co-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. <input type="checkbox"/> \$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 | CP LANGTON, GARY J 6414 MACLAURIN DR TAMPA, FL 33634 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33647 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVPS DEPIERRO, PETER P 5 MAPLEWOOD ORCHARD GREENVILLE, RI 02828 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800089279258 02/26/07--01002--025 **200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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 Co-Founder 1/17/07 81397719500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | |