


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # F93000002663

1. Entity Name
TRAPEZE SOFTWARE GROUP, INC.



Principal Place of Business 8360 E. VIA DE VENTURA SUITE L-200 SCOTTSDALE, AZ 85258	Mailing Address 8360 E. VIA DE VENTURA SUITE L-200 SCOTTSDALE, AZ 85258
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-0688993	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	DVP DUKES, ROBERT 8360 E. VIA DE VENTURA SCOTTSDALE, AZ 85258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BACCHUS, RICK 5800 EXPLORER DRIVE, 5TH FLOOR MISSISSAUGA, ON, L4W5L4,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MCKENZIE, COLIN 5800 EXPLORER DRIVE, 5TH FLOOR MISSISSAUGA, ON, L4W5L4,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000600299
 01/26/07-80004-011 150.00

DO NOT WRITE IN THIS SPACE

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:  **Colin McKenzie** Date: **Jan 1/07** Daytime Phone #: **(905) 629-5462**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR