

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01 1997 8:00am
Secretary of State

DOCUMENT # F94000000835 (8)

1. Corporation Name
SOFTWARE ARCHITECTS, INC.



Principal Place of Business
3 WESTBROOK CORPORATE CENTER
WESTCHESTER IL 60154

Mailing Address
3 WESTBROOK CORPORATE CENTER
WESTCHESTER IL 60154-5703

3. Date Incorporated or Qualified 02/18/1994	3a. Date of Last Report 04/08/1996
4. FEI Number 36-2898421	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	PETRIE, GENE G	1.2 NAME	
STREET ADDRESS	3 WESTBROOK CORPORATE CENTER	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTCHESTER IL 60154	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	JENSEN, MARK A	2.2 NAME	
STREET ADDRESS	3 WESTBROOK CORPORATE CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTCHESTER IL 60154	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	
NAME	WROBLE, EDWARD J	3.2 NAME	
STREET ADDRESS	3 WESTBROOK CORPORATE CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTCHESTER IL 60154	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward J. Wroble Edward J. Wroble 3-26-97 702-531-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)