

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000000988 (5)

1. Corporation Name

SIGNAWARE CORPORATION



Principal Place of Business

Mailing Address

4053 MAPLE ROAD  
AMHERST NY 14226

4053 MAPLE ROAD  
AMHERST NY 14226

2. Principal Place of Business

2a. Mailing Address

21 1342 MILITARY RD.

26 1342 MILITARY RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 40 NTS DATA SERVICES

27 40 NTS DATA SERVICES

City & State

City & State

23 NIAGARA FALLS, NY

28 NIAGARA FALLS, NY

Zip

Country

Zip

Country

24 14304

25 US

29 14304

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ST. CLAIR, JOHN R  
300 S DUNCAN AVE., STE. 275  
CLEARWATER FL 34615

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed in printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

5/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C8 ☐ DELETE

NAME DEWALD, CHARLES DR.  
STREET ADDRESS 75 FOXHUNT LANE  
CITY-ST-ZIP E. AMHERST NY 14051

TITLE CVT ☐ DELETE

NAME COWE, BRUCE  
STREET ADDRESS 286 LAKESIDE AVE.  
CITY-ST-ZIP ANGOLA NY 14006

TITLE DP ☐ DELETE

NAME ST. CLAIR, JOHN  
STREET ADDRESS 1304 HAMLIN DR.  
CITY-ST-ZIP CLEARWATER FL 34624

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

700001837917  
-05/24/96--01017--036  
\*\*\*225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(716) 297-0553  
SF 5-22-96

CR2E034 (12/95)