

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90120 018 ***150.00

DOCUMENT # F94000001872

1. Entity Name
ASAP SOFTWARE EXPRESS, INC.



Principal Place of Business
850 ASBURY DR.
BUFFALO GROVE, IL 60089

Mailing Address
850 ASBURY DR.
BUFFALO GROVE, IL 60089

14019833



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3328437

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JARVIE, PAUL
STREET ADDRESS	850 ASBURY DRIVE
CITY-ST-ZIP	BUFFALO GROVE, IL 60089
TITLE	D
NAME	HOFFMAN, MARK
STREET ADDRESS	ONE ENVIORNMENTAL WAY
CITY-ST-ZIP	BROOMFIELD, CO 80021
TITLE	AT
NAME	STUART, KIM
STREET ADDRESS	850 ASBURY DR.
CITY-ST-ZIP	BUFFALO GROVE, IL 60089
TITLE	EVP
NAME	GLOVER, GORDON
STREET ADDRESS	ONE ENVIORNMENTAL WAY
CITY-ST-ZIP	BROOMFIELD, CO 80021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-04 847.465.3700
X5256