

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90124 031 ***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

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

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, 2005 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~~ **POLSTER, DAVID**
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

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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 #

4-2605 947-465-3700