

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000002377 (9)

1. Corporation Name

SOFTMART INC.

Principal Place of Business

467 CREAMERY WAY
EXTON PA 19341

Mailing Address

467 CREAMERY WAY
EXTON PA 19341



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/09/1994		03/24/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FET Number		Applied For	
22		27		23-2225786		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☐ No	
24		29					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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
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 or printed name of Registered Agent (if not applicable)

Signature typed or printed name of Agent (if not applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPST	1.1 TITLE	TSDC
NAME	SLOANE, A. RICHARD	1.2 NAME	
STREET ADDRESS	467 CREAMERY WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	EXTON PA 19341	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	SLOANE, CAROLYN J	2.2 NAME	
STREET ADDRESS	467 CREAMERY WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	EXTON PA 19341	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	P
NAME		3.2 NAME	ELLIOT LEVINE
STREET ADDRESS		3.3 STREET ADDRESS	467 CREAMERY WAY
CITY-ST-ZIP		3.4 CITY-ST-ZIP	EXTON PA 19341
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 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (12/95)