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FILED  
Apr 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F94000002377 (9)

1. Corporation Name  
SOFTMART INC.



Principal Place of Business

487 CREAMERY WAY  
EXTON PA 19341

Mailing Address

487 CREAMERY WAY  
EXTON PA 19341

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 450 ACORN LANE

Suite, Apt. #, etc.

22

City & State  
23 DOWNINGTOWN PA

Zip Country

24 19335

2a. Mailing Address

26 450 ACORN LANE

Suite, Apt. #, etc.

27

City & State  
28 DOWNINGTOWN PA

Zip Country

29 19335

30

3. Date Incorporated or Qualified

05/09/1994

4. FEI Number

23-2225786

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30

☐ Yes

☐ No

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SLOANE, A. RICHARD  
STREET ADDRESS 487 CREAMERY WAY  
CITY-ST-ZIP EXTON PA

TITLE ☐ DELETE

NAME SLOANE, CAROLYN J  
STREET ADDRESS 487 CREAMERY WAY  
CITY-ST-ZIP EXTON PA 19341

TITLE ☐ DELETE

NAME LEVINE, ELLIOT  
STREET ADDRESS 487 CREAMERY WAY  
CITY-ST-ZIP EXTON PA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

450 ACORN LANE

DOWNINGTOWN PA 19335

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

450 ACORN LANE

DOWNINGTOWN PA 19335

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

450 ACORN LANE

DOWNINGTOWN PA 19335

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 classified as such with an address.

SIGNATURE

*[Signature]*

4/13/98

CR2E034 (10/97)