

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002457**

1. Corporation Name

BOUNDLESS TECHNOLOGIES, INC.

Principal Place of Business

100 MARCUS BLVD.
HAUPPAUGE NY 11788

Mailing Address

100 MARCUS BLVD.
HAUPPAUGE NY 11788

2. Principa Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

2a. Mailing Address

26 **P.O. Box 18001**

Suite, Apt. #, etc.

27

City & State

28 **Hauppauge, NY**

Zip

29 **11788**

30

Country

DO NOT WRITE IN TH S SPACE

3. Date Incorporated or Qualified

05/11/1994

4. FEI Number

11-2168512

Applied For

Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEO	<input type="checkbox"/> DELETE	1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMBS, J G		1.2 NAME		
STREET ADDRESS	711 5TH AVE, 5TH FL		1.3 STREET ADDRESS		
CITY-ST-ZIP	NY NY 10022		1.4 CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, J		2.2 NAME		
STREET ADDRESS	100 MARCUS BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	HAUPPAUGE NY 11788		2.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME	Gary Wood	
STREET ADDRESS			3.3 STREET ADDRESS	4430 Research Blvd. Ste 200	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Austin, TX 78759-6543	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	Daniel N. Matheson, III	
STREET ADDRESS			4.3 STREET ADDRESS	4430 Research Blvd. Ste. 200	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Austin, TX 78759-6543	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	Jeff Moore	
STREET ADDRESS			5.3 STREET ADDRESS	4430 Research Blvd. Ste. 200	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Austin, TX 78759-6543	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	Steve Maysonave	
STREET ADDRESS			6.3 STREET ADDRESS	4430 Research Blvd. Ste. 200	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Austin, TX 78759-6543	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Gardner Joseph Gardner 4/16/99 516-342-7352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

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