FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000001157 (5)**

1. Corporation Name

CWC SOFTWARE, INC.

Principal Place of Business	Mailing Address
150 GROSSMAN DR. BRAINTREE MA 02184	150 GROSSMAN DR. BRAINTREE MA 02184

3. Date Incorporated or Qualified: **03/10/1995**
3a. Date of Last Report:
4. FEI Number: **04-3021654** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ YES ☑ NO

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 607.1506, 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 _____ NOTE: Registered Agent's Signature required for electronic filing. DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TYPE	P	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	BEAN, JEFFREY W		1 2 NAME		
STREET ADDRESS	6666 E. CHENEY DR.		1 3 STREET ADDRESS		
CITY-ST-ZIP	PARADISE VALLEY AZ 85253		1 4 CITY-ST-ZIP		
2 TYPE	V	☐ DELETE	2 1 TITLE		☑ Change ☐ Addition
NAME	BEAN, WILLIAM H		2 2 NAME		
STREET ADDRESS	~~458 GLEN RD.~~		2 3 STREET ADDRESS	19 HUBBARD PARK RD	
CITY-ST-ZIP	~~WESTON MA 02193~~		2 4 CITY-ST-ZIP	CAMBRIDGE, MA 02138	
3 TYPE	V	☐ DELETE	3 1 TITLE		☐ Change ☐ Addition
NAME	CHARTOFF, ROSS S		3 2 NAME		
STREET ADDRESS	7 ROCK ST.		3 3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBORO MA 02346		3 4 CITY-ST-ZIP		
4 TYPE	T	☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME	CROSS, AMANDA B		4 2 NAME		
STREET ADDRESS	1349 BAY DR.		4 3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957		4 4 CITY-ST-ZIP		
5 TYPE		☐ DELETE	5 1 TITLE		☐ Change ☐ Addition
NAME			5 2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
6 TYPE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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.

SIGNATURE: William E. Bean — 1/17/96 — 617-848-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #