

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001157

1. Entity Name

CWC SOFTWARE, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90156 029 ***150.00

Principal Place of Business

Mailing Address

150 GROSSMAN DR.
BRAINTREE MA 02184

150 GROSSMAN DR.
BRAINTREE MA 02184-4952

00004472



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 04-3021654

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BEAN, JEFFREY W	
STREET ADDRESS	6666 E. CHENEY DR.	
CITY-ST-ZIP	PARADISE VALLEY AZ 85253	
TITLE	V	<input type="checkbox"/> Delete
NAME	BEAN, WILLIAM H.	
STREET ADDRESS	21 FOSTER ST	
CITY-ST-ZIP	CAMBRIDGE MA 02138	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHARTOFF, ROSS S	
STREET ADDRESS	7 ROCK ST.	
CITY-ST-ZIP	MIDDLEBORO MA 02346	
TITLE	T	<input type="checkbox"/> Delete
NAME	CROSS, AMANDA B	
STREET ADDRESS	1349 BAY DR.	
CITY-ST-ZIP	SANIBEL FL 33957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99 8781-843-2010

CR2E034 (9/99)