

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 21, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # F95000001157**

1. Entity Name

CWC SOFTWARE, INC.



Principal Place of Business  
150 GROSSMAN DR.  
BRAINTREE MA 02184

Mailing Address  
150 GROSSMAN DR.  
BRAINTREE MA 02184

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3021654

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	1100000236724	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	02/21/05-80028-017	150.00
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		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William H. Bean*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/05 781-843-2016