2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F95000001157

AMANDA

1349 BAY DR.

SANIBEL, FL 33957 US

Name:

Address:

City-St-Zip:

FILED Jul 14, 2009 Secretary of State

Entity Nar	ne: CWC SOF	FTWARE, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
	SSMAN DR. EE, MA 02184	US					
Current Mailing Address:			New Mailing Address:				
	SMAN DR. EE, MA 02184	US					
FEI Number:	: 04-3021654	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1200 S. PII	PORATION SYS NE ISLAND RE ON, FL 33324).					
	named entity s e of Florida.	ubmits this statement for the pu	rpose of changing i	ts registered	office or registered agent, or bo	oth,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Agen	t		Date	_	
OFFICERS	S AND DIREC	rors:	ADDITION	S/CHANGES	TO OFFICERS AND DIRECT	rors	
Title: Name: Address: City-St-Zip:	JEFFREY 6666 E. CHENE	Delete Y DR. PARADISE VALLEY AZ 8525 LEY, AZ 85253 US	Title: Name: Address: City-St-Zip:	BEAN, JEFFR 6666 E. CHEN	() Change () Addition EY EY DR. PARADISE VALLEY AZ 8525 LLEY, AZ 85253 US	;	
Title: Name: Address: City-St-Zip:	V () WILLIAM 21 FOSTER ST CAMBRIDGE, M	Delete IA 02138 US	Title: Name: Address: City-St-Zip:	V (X BEAN, WILLIA 21 FOSTER S' CAMBRIDGE,	Г		
Title: Name: Address: City-St-Zip:	V () ROSS 7 ROCK ST MIDDLEBORO,	Delete MA 02346 US	Title: Name: Address: City-St-Zip:	CHARTOFF, R 7 ROCK ST	() Change () Addition OSS I, MA 02346 US		
Title:	T ()	Delete	Title:	т О	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

CROSS, AMANDA

SANIBEL, FL 33957 US

1349 BAY DR.

SIGNATURE: ROSS S CHARTOFF 07/14/2009 ٧