2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

F95000001157



FILED Jan 16, 2003 8:00 am Secretary of State

Suite, Apt. #, etc. City & State	1. Entity Name CWC SOF	TWARE, INC.			01-16-2003 90068 047 ***150.00	
Suite. Apt. #, etc. City & State	150 GROSSMAN	N DR.	150 GROSSMAN DR.			
City & State City & State City & State City & State Country C	2. Principal Pla	ace of Business	3. Mailing Address	<u> </u>		
City & State City & State City & State City & State Country Country Country Country S. Certificate of Status Desired S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address of Ne	Осто, пр. п, сто.				CHECK HERE IF MAKING CHANGES	
Steel Address of Current Registered Agent St. Certificate of Status Desired St. 75 Addition See Required See Require						
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 City FL Zip Code 8. The above named entity submits into statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent. SIGNATURE FILE NOW!!! FEE \$150.00 After May 1, 2003 Fee will but \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILE NAME BEAN, JEFFREY W 8666 E. CHENEY DR. PARADISE VALLEY AZ 85253 CITY-5T-ZIP PARADISE VALLEY AZ 85253 CITY-5T-ZIP MIDLE V CHARTOFF, ROSS S TREET ADDRESS TREET ADDRE	Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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 the obligations of registered agent. SIGNATURE Signature, hybeit or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaing) DATE FILE NOW!!! FEE \$150.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN NAME SIRRET ADDRESS ORTY-ST-2P BEAN, JEFFREY W 6868 E. CHENEY DR. PARADISE VAILLEY AZ 85253 CITY-ST-2P TITLE V CHARTOFF, ROSS S TROCK ST. MIDDLEBORO MA 02346 CITY-ST-2P MIDDLEBORO MA 02346		6. Name and Address of Current	Registered Agent			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City 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 the obligations of registered agent. SIGNATURE Signature, hybrid or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN MAME SIREET ADDRESS CITY-ST-ZIP MAME SIREET ADDRESS CAMBRIDGE MA 02138 U CHARTOFF, ROSS S 7 ROCK ST. MIDDLEBORO MA 02346 U CITY FL. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME SIREET ADDRESS CITY-ST-ZIP MAME SIREET ADDRESS CITY-ST-ZIP MINALE SIREET ADDRESS CITY-ST-ZIP MIDDLEBORO MA 02346 CITY-ST-ZIP MIDDLEBORO MA 02346				Name	Address of New Hegistered Agent	
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 the obligations of registered agent 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 \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITILE P BEAN, JEFFREY W G668 E. CHENEY DR. PARADISE VALLEY AZ 85253 CITY-ST-ZIP TITLE V BEAN, WILLIAM H. STREET ADDRESS CITY-ST-ZIP TITLE V CHARTOFF, ROSS S 7 ROCK ST. STREET ADDRESS CITY-ST-ZIP TITLE V CHARTOFF, ROSS S 7 ROCK ST. STREET ADDRESS CITY-ST-ZIP TITLE V CHARTOFF, ROSS S 7 ROCK ST. STREET ADDRESS CITY-ST-ZIP TITLE V CHARTOFF, ROSS S 7 ROCK ST. STREET ADDRESS CITY-ST-ZIP TITLE V CHARTOFF, ROSS S 7 ROCK ST. STREET ADDRESS CITY-ST-ZIP TITLE V CHARTOFF, ROSS S 7 ROCK ST. STREET ADDRESS CITY-ST-ZIP TITLE V CHARTOFF, ROSS S 7 ROCK ST. STREET ADDRESS CITY-ST-ZIP TITLE MIDDLEBORO MA 02346 CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE CHARTOFF, ROSS S 7 ROCK ST. STREET ADDRESS CITY-ST-ZIP TITLE TITLE CHARTOFF, ROSS S 7 ROCK ST. STREET ADDRESS CITY-ST-ZIP TITLE CHARTOFF, ROSS S 7 ROCK ST. STREET ADDRESS CITY-ST-ZIP				Street Address	s (P.O. Box Number is Not Acceptable)	
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 the obligations of registered agent. SIGNATURE Signature, hyped or printed name of registered agent and title if explicible. (NOTE: Registered Agent signature required when reinstating) DATE	PLANTATIO	N FL 33324				
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TITLE AME TREET ADDRESS ITY-ST-ZIP 2. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental than the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1).	ME REET ADDRESS Y-ST-ZIP	fu that the information and the state of the		NAME STREET ADDRESS CITY-ST-ZIP		

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

SIGNATURE:

