FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F95000004300 (8)**

1. Corporation Name
F3 SOFTWARE CORPORATION

Principal Place of Business	Mailing Address
129 MIDDLESEX TURNPIKE BURLINGTON MA 02183	129 MIDDLESEX TURNPIKE BURLINGTON MA 01803-4404

3. Date Incorporated or Qualified: 09/06/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: Massachusetts
Suite, Apt. #, etc.
22: 129 Middlesex Turnpike
City & State
23: Burlington, MA
Zip
24: 01803
25: Middlesex Co.

2a. Mailing Address
26: Same
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

4. FEI Number: 65-0546283 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 607.1908, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CRONIN, GEOFFREY D		1.2 NAME		
STREET ADDRESS	129 MIDDLESEX TURNPIKE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGTON MA		1.4 CITY-ST-ZIP		
TITLE	V	☑ DELETE	2.1 TITLE	VP Sales + Marketing	☑ Change ☐ Addition
NAME	MCHALE, WILLIAM		2.2 NAME	Thomas Fraser	
STREET ADDRESS	129 MIDDLESEX TURNPIKE		2.3 STREET ADDRESS	129 Middlesex Turnpike	
CITY-ST-ZIP	BURLINGTON MA		2.4 CITY-ST-ZIP	Burlington, MA	
TITLE	VTS	☑ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	GREENBERG, MILES R		3.2 NAME		
STREET ADDRESS	6365 N.W. 6TH WAY, STE 320		3.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRABEL, DAVID		4.2 NAME		
STREET ADDRESS	129 MIDDLESEX TURNPIKE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BURLINGOTN MA		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Thomas Fraser		5.2 NAME		
STREET ADDRESS	129 Middlesex Turnpike		5.3 STREET ADDRESS		
CITY-ST-ZIP	Burlington, MA		5.4 CITY-ST-ZIP		
TITLE		☐ 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 (9/96)

14. I do 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 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: [signature] [illegible]