FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000006333 (7)**

1. Corporation Name

SOFTWARE EMANCIPATION TECHNOLOGY, INC.

Principal Place of Business

KILN BROOK, 20 MAGUIRE RD
LEXINGTON MA 02173

Mailing Address

KILN BROOK, 20 MAGUIRE RD
LEXINGTON MA 02173

3. Date Incorporated or Qualified: **12/29/1995**

3a. Date of Last Report:

4. FEI Number: **04-3113268** ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

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

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: Software Emancipation Technology, Inc
82 Street Address (P.O. Box Number is Not Acceptable): 407 Wekiva Springs Rd., Suite 213
83
84 City: Longwood FL 85 Zip Code: 32779

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, 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

(Signature of New Registered Agent, if changed) (Printed or Typed Name of New Registered Agent) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPTS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GEISBERG, VLADIMIR P		1.2 NAME	
STREET ADDRESS	KILN BROOK, 20 MAGUIRE RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COHEN, BARRY C		2.2 NAME	
STREET ADDRESS	KILN BROOK, 20 MAGUIRE RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FEDDERSEN, DONALD W		3.2 NAME	
STREET ADDRESS	KILN BROOK, 20 MAGUIRE RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GREENWOOD, PAUL R		4.2 NAME	
STREET ADDRESS	KILN BROOK, 20 MAGUIRE RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROSENBLUM, PETER M		5.2 NAME	
STREET ADDRESS	1 POST OFFICE SQ		5.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109		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 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James P. Anter James P. Anter 4/23/96 617-863-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)