


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 18 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 # 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			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1995	
21 Suite Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1996	
22 City & State		27 City & State		4. FEI Number 04-3113268	
23 Zip		28 Zip		Applied For <input type="checkbox"/> Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
30		31		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SOFTWARE EMANCIPATION TECHNOLOGY INC 407 WEHIVA SPRINGS RD, SUITE 213 LONGWOOD FL 32779		10. Name and Address of New Registered Agent			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable) 407 Wehiva Springs Rd.			
83		Suite 213			
84 City Longwood		85 Zip Code FL 32779		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 Vladimir P. Geisberg Vladimir P. Geisberg, President 4/15/97 <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME GEISBERG, VLADIMIR P					
1.3 STREET ADDRESS KILN BROOK, 20 MAGUIRE RD					
1.4 CITY-ST-ZIP LEXINGTON MA 02173					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME COHEN, BARRY C					
2.3 STREET ADDRESS KILN BROOK, 20 MAGUIRE RD					
2.4 CITY-ST-ZIP LEXINGTON MA 02173					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME FEDDERSEN, DONALD W					
3.3 STREET ADDRESS KILN BROOK, 20 MAGUIRE RD					
3.4 CITY-ST-ZIP LEXINGTON MA 02173					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME GREENWOOD, PAUL R					
4.3 STREET ADDRESS KILN BROOK, 20 MAGUIRE RD					
4.4 CITY-ST-ZIP LEXINGTON MA 02173					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME ROSENBLUM, PETER M					
5.3 STREET ADDRESS 1 POST OFFICE SQ					
5.4 CITY-ST-ZIP BOSTON MA 02109					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
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: Vladimir P. Geisberg Vladimir P. Geisberg 4/15/97 617-863-8900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #					

CR2E034 (9/96)