

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

FILED

Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE
		Sandra B. Northam 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1995

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

15 THIRD AVENUE

2a. Mailing Address

15 THIRD AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BURLINGTON, MA

City & State

BURLINGTON, MA

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

SOFTWARE EMANCIPATION TECHNOLOGY INC  
407 WEKIVA SPRINGS RD  
213  
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

81 Name CT CORPORATION SYSTEM  
82 Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND ROAD  
83  
84 City PLANTATION FL 85 Zip Code 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Edward Gwisdalla Asst. VP 3/13/98

12. OFFICERS AND DIRECTORS	
TITLE	DPTS
NAME	GEISBERG, VLADIMIR P
STREET ADDRESS	KILN BROOK, 20 MAGUIRE RD
CITY-ST-ZIP	LEXINGTON MA 02173
TITLE	D
NAME	COHEN, BARRY C
STREET ADDRESS	KILN BROOK, 20 MAGUIRE RD
CITY-ST-ZIP	LEXINGTON MA 02173
TITLE	D
NAME	FEDDERSEN, DONALD W
STREET ADDRESS	KILN BROOK, 20 MAGUIRE RD
CITY-ST-ZIP	LEXINGTON MA 02173
TITLE	D
NAME	GREENWOOD, PAUL R
STREET ADDRESS	KILN BROOK, 20 MAGUIRE RD
CITY-ST-ZIP	LEXINGTON MA 02173
TITLE	S
NAME	ROSENBLUM, PETER M
STREET ADDRESS	1 POST OFFICE SQ
CITY-ST-ZIP	BOSTON MA 02109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR, SECRETARY, TREAS.
1.2 NAME	GEISBERG, VLADIMIR P
1.3 STREET ADDRESS	15 THIRD AVENUE
1.4 CITY-ST-ZIP	BURLINGTON, MA 01803
2.1 TITLE	DIRECTOR
2.2 NAME	COHEN, BARRY C.
2.3 STREET ADDRESS	15 THIRD AVENUE
2.4 CITY-ST-ZIP	BURLINGTON, MA 01803
3.1 TITLE	DIRECTOR
3.2 NAME	FEDDERSEN, DONALD W
3.3 STREET ADDRESS	15 THIRD AVENUE
3.4 CITY-ST-ZIP	BURLINGTON, MA 01803
4.1 TITLE	DIRECTOR
4.2 NAME	GREENWOOD, PAUL R
4.3 STREET ADDRESS	15 THIRD AVENUE
4.4 CITY-ST-ZIP	BURLINGTON, MA 01803
5.1 TITLE	DIRECTOR, PRESIDENT
5.2 NAME	HENRICH, DONALD R
5.3 STREET ADDRESS	15 THIRD AVENUE
5.4 CITY-ST-ZIP	BURLINGTON, MA 01803
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: X

1-15-98 781-359-3300

CR2E034 (10/97)