


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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 15 THIRD AVENUE	2a. Mailing Address 15 THIRD AVENUE
23. City & State BURLINGTON, MA	26. City & State BURLINGTON, MA
24. Zip 01803	29. Zip 01803

3. Date Incorporated or Qualified 12/29/1995	
4. FEI Number 04-3113268	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 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: *Edward Gwisdalla* **Edward Gwisdalla Asst. VP 3/13/98**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	DIRECTOR, SECRETARY, TREAS.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	HENRICH, DONALD R		
5.3 STREET ADDRESS	15 THIRD AVENUE		
5.4 CITY-ST-ZIP	BURLINGTON, MA 01803		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: *[Signature]* **1-15-98 781-359-3300**

CR2E034 (10/97)