

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600000012
1. Corporation Name
MAPLECREST SOFTWARE DEVELOPMENT, INC.

FILED

JUL 13 AM 10:19

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
11 LAKE AVENUE EXTENSION DANBURY CT 06811 11 LAKE AVENUE EXTENSION DANBURY CT 06811

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

3. Date incorporated or Qualified
01/02/1996
4. FEI Number Applied For
06-1315605 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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
GRESSETT, RICHARD
685A PONTE VEDRA BLVD.
PONTE VEDRA FL 32082

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL \$5 Zip Code

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 date if applicable (NOTE: Registered Agent's signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	GRESSETT, RICHARD G	
STREET ADDRESS	69 JUDITH DRIVE	
CITY-ST-ZIP	STORMVILLE NY	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ALLEN, DAVID F	
STREET ADDRESS	21 ROBIN HOOD DR.	
CITY-ST-ZIP	DANBURY CT	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HIRSCHFIELD, ROBIN H	
STREET ADDRESS	152 SOUTH STREET	
CITY-ST-ZIP	WASHINGTON CT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAEUBER, CLEMENS	
STREET ADDRESS	523 BENNETT STREET	
CITY-ST-ZIP	RIDGEFIELD CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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	

6/18/99 90004 046 8150.00

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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robin H. Hirschfield 4/8/99 203-790-7005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CS04172

CR2E034 (1/199)

7/22/99
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Maplecrest

July 2, 1999

Florida Department of State
Division of Corporations
Attention: Annual Report Filings
P. O. Box 6327
Tallahassee, FL 32314


Re: Annual Report Late Filing Fee

To Whom It May Concern:

We had sent our annual report filing to our Connecticut accountant who was unaware of the due date or the sizable penalty for late filing. We rely on a Connecticut C.P.A. to do all of our filings because the majority of our business is in Connecticut. We had sent the information to our accountant as soon as we received it, but due to the fact that it was tax season and he was unaware of the Florida requirements, the deadline was overlooked. This will not happen in the future.

We respectfully request that due to our efforts to comply with the State requirements and our reliance on a professional C.P.A. that our late filing fees be waived.

Sincerely,



Robin H. Hirschfield
CFO

