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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600003446 (9)
1. Corporation Name
LEVEL 8 SYSTEMS, INC.

FILED Jun 13 1997 8:00am Secretary of State



Principal Place 1 PENN PLAZ/ NEW YORK N	N. #3401		Mailing Address 1 PENN PLAZA. #3401 NEW YORK NY 10119-3408			, 1991) 4 119 1914 9111 9911 9911 9911 99				
						3. Date Incorporated or Qualified 07/08/1996	3a. Date o	f Last R	leport	
	iace of Business	<u>├</u> ─┐	2a. Mailing Address			4. FEI Number Applied For 13-3758702				
21 Sulte, Apt			Suite, Apt. #, etc.			to Applicat			ot Applicable	
22	n, 010.	· ·	27			5. Certificate of Status Desired	□ 4		equired	
City & State	9	City & State				6. Election Campaign Financing			May Be	
23		28				Trust Fund Contribution	Added to Fees			
Zip	Country	Zφ	<u> </u>	untry	,	8. This corporation has liability for			. 199.032,	
24	25	29	30	т			Yes N			
Bric	9. Name and Address of Cur KISS, STEPHEN	rent Registered Agent		81	Name	10. Name and Address of New Re	gistered Age	nt		
	O NE 14TH STREET CSWY			01	Name				į	
		82	82 Street Address (P.O. Box Number is Not Acceptable)							
	MPANO BEACH FL 33062			83						
				84	City		FL 6	5 Zip	Code	
office or r	to the provisions of Sections 607, egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change	was authorize	ed by	the corpora	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of cha	anging it	ls registered registered	
SIGNATURE										
12.	Signature, typed or printed name of registered	agent and tifle if applicable. AND DIRECTORS	(NOTE: Register		nt signature req	quired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE FRS AND DIE	ECTOE	RS INI 12	
TITLE	CHAIRMAN OF BO			ITLE	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		Change	Addition	
NAME	MACDONALD, ROBERT	· ·		NAME						
STREET ADDRESS	6 STETSON ST.		1.3 3	TREET	ADDRESS					
CITY-ST-ZIP	LEVINGTON MA 02173		1.4 (OTY-S	T-ZIP					
TITLE	OLINIAN OTENIEN	DELFT	E 2.1	ITLE				Change	Addition	
NAME	Purkiss, Stephen 2111 Ne 29th St.		2.21	NAME						
STREET ADDRESS	LIGHTHOUSE POINT FL 33	ned	2.3 3	STREET	ADDRESS					
CITY-ST-ZIP	8-4-5FO				ST-ZIP	, , ,		<u></u>		
TITLE	DIZAZZO, JOSEPH	☐ DELFT	1				Ц	Change	Addition	
NAME	382 MAIN ST.			VAME						
STREET ADDRESS	SALEM NH 03079				ADDRESS					
CITY-ST-ZIP	00 CEO	DELET		CITY - S LITLE	ST-ZIP		П	Change	Addition	
NAME	KILMAN, ARIK	J. J. C. C.		NAME						
STREET ADDRESS	5 HATZOREF ST.				ADDRESS					
CITY-ST-ZIP	HOLON ISR 58856			CITY - S						
TITLE		☐ DELET						Change	Addition	
NAME			5.21	AME						
STREET ADDRESS			5.3 (STREET	ADDRESS					
CITY-ST-ZIP				CITY - S	1-2IP					
TITLE		☐ DELET	E 6.11	ALLE				Change	Addition	
NAME				IAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 0	CITY - S	T- 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.