

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000004847 (7)**

1. Corporation Name  
**FTP SOFTWARE, INC.**



Principal Place of Business <b>100 BRICKSTONE SQUARE ANDOVER MA 01810</b>	Mailing Address <b>100 BRICKSTONE SQUARE ANDOVER MA 01810</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 2 High Street</b> Suite, Apt. #, etc. <b>22</b>		2a. Mailing Address <b>26 2 High Street</b> Suite, Apt. #, etc. <b>27</b>		3. Date Incorporated or Qualified <b>09/20/1996</b>	
City & State <b>23 North Andover, MA</b> Zip <b>24 01845</b>		City & State <b>28 North Andover, MA</b> Zip <b>29 01845</b>		4. FEI Number <b>04-2806463</b>	
Country <b>25 U.S.A.</b>		Country <b>30 U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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, as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CPD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAZARD, GLENN C</b>	1.2 NAME	<b>John F. Geraghty</b>
STREET ADDRESS	<b>8052 ENON CHURCH RD</b>	1.3 STREET ADDRESS	<b>34 Beacon Street</b>
CITY-ST-ZIP	<b>THE PLAINS VA 20180</b>	1.4 CITY-ST-ZIP	<b>Stoneham, MA 02180</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>AUGUN, BARBARA A</b>	2.2 NAME	<b>Dennis Leibl</b>
STREET ADDRESS	<b>114 OLD VILLAGE LANE</b>	2.3 STREET ADDRESS	<b>201 Newbury Street, Suite 204</b>
CITY-ST-ZIP	<b>NORTH ANDOVER MA 01845</b>	2.4 CITY-ST-ZIP	<b>Boston, MA 02116</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BACKMAN, LAWRENCE A</b>	3.2 NAME	<b>Mordecai B. Rosen</b>
STREET ADDRESS	<b>80 STRAWBERRY HILL ROAD</b>	3.3 STREET ADDRESS	<b>11425 Hollowstone Drive</b>
CITY-ST-ZIP	<b>ACTON MA</b>	3.4 CITY-ST-ZIP	<b>Rockville, MD 20852</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARMERIS, DEAN L</b>	4.2 NAME	<b>Robert D. Sanchez</b>
STREET ADDRESS	<b>20 HIGATE ROAD</b>	4.3 STREET ADDRESS	<b>15 Daniels Road</b>
CITY-ST-ZIP	<b>CHELMSFORD MA</b>	4.4 CITY-ST-ZIP	<b>Mendon, MA 01756</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FLOOD, DOUGLAS F</b>	5.2 NAME	<b>Peter R. Simkin</b>
STREET ADDRESS	<b>40 CONSTITUTION DRIVE</b>	5.3 STREET ADDRESS	<b>Upper Welford House, Welford On Avon</b>
CITY-ST-ZIP	<b>SOUTHBRO MA</b>	5.4 CITY-ST-ZIP	<b>Warwickshire CV37 8HD, United Kingdom</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>James A. Tholen</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>182 River Park Drive</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Great Falls, VA 22066</b>

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.

CR2E034 (10/97)