

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 # F96000005376 (6)

1. Corporation Name
MEMCO SOFTWARE, INC.

Principal Place of Business
52 VANDERBILT AVE., STE 510
NEW YORK NY 10017

Mailing Address
52 VANDERBILT AVE., STE 510
NEW YORK NY 10017-3808

FILED

97 APR 30 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 12 E. 49th Street		26 12 E. 49th Street		10/16/1996			
22 32 FL		27 32 FL		4. FEI Number		Applied For	
23 New York, NY		28 New York, NY		13-3787483		Not Applicable	
24 10017		29 10017		5. Certificate of Status Desired		8.75 Additional Fee Required	
Country USA		Country USA		6. Election Campaign Financing		5.00 May Be Added to Fees	
				Trust Fund Contribution			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes ☐ No ☒	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY				81 Name			
1201 HAYS STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525				83			
				84 City			
				FL 85 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	NAME	SINGER, ELIAHU	1.1 TITLE	1.2 NAME		
STREET ADDRESS	52 VANDERBILT AVE., STE 510	CITY-ST-ZIP	NEW YORK NY	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP		
TITLE	V	NAME	KAPLAN, YERMIYAHU	2.1 TITLE	2.2 NAME		
STREET ADDRESS	ATIDIM NEVE SHARET BLDG 7	CITY-ST-ZIP	TEL-AVIV, ISRAEL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP		
TITLE	V	NAME	MASHIAH, ELIAHU	3.1 TITLE	3.2 NAME		
STREET ADDRESS	ATIDIM NEVE SHARET BLDG 7	CITY-ST-ZIP	TEL-AVIV, ISRAEL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP		
TITLE	V	NAME	MARILUS, JULES	4.1 TITLE	4.2 NAME		
STREET ADDRESS	ATIDIM NEVE SHARET BLDG 7	CITY-ST-ZIP	TEL-AVIV, ISRAEL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP		
TITLE	V	NAME	MAZIN, ISRAEL	5.1 TITLE	5.2 NAME		
STREET ADDRESS	ATIDIM NEVE SHARET BLDG 7	CITY-ST-ZIP	TEL-AVIV, ISRAEL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP		
TITLE		NAME		6.1 TITLE	6.2 NAME		
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS	6.4 CITY-ST-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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

0003876

CR2E034 (9/96)



ACCOUNT NO. : 072100000032

REFERENCE : 347301 7117150

AUTHORIZATION :

COST LIMIT : \$ 165

Patricia Pizzit

ORDER DATE : April 29, 1997

ORDER TIME : 10:50 AM

ORDER NO. : 347301-005

CUSTOMER NO: 7117150

CUSTOMER: Mr. Jeff Kaufman
Memco Software Inc.
12 E 49th Street
32nd Floor
New York, NY 10017

ANNUAL REPORT FILING

NAME: MEMCO SOFTWARE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: CHRIS SMITH

EXAMINER'S INITIALS:

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97 APR 30 AM 11:26
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA