

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90043 046 ***158.75

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1. Entity Name
FRIENDLY ADVANCED SOFTWARE TECHNOLOGY, INC.



Principal Place of Business
**700 VETERANS HIGHWAY
SUITE 220
HAUPPAUGE, NY 11788**

Mailing Address
**700 VETERANS HIGHWAY
SUITE 220
HAUPPAUGE, NY 11788**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
11-3161967

Applied For
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KOCH, TERRY
225 WEST BUSCH BLVD. SUITE 200
TAMPA, FL 33618

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of individual or corporate officer, director, or registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/26/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	BRILL, HOWARD
STREET ADDRESS	9090 RIDGELINE BLVD, #205
CITY-ST-ZIP	LITTLETON, CO 80129
TITLE	VPS
NAME	ROGERS, BRUCE L
STREET ADDRESS	1515 ARAPAHOE STREET TOWER 1 SUITE 1500
CITY-ST-ZIP	DENVER, CO 80202
TITLE	VPAS
NAME	GWIRTSMAN, CHARLIE R
STREET ADDRESS	1515 ARAPAHOE ST TOWER ONE SUITE 1500
CITY-ST-ZIP	DENVER, CO 80202
TITLE	VPAS
NAME	BOCK, CHRISTOPHER J
STREET ADDRESS	1515 ARAPAHOE ST TOWER ONE SUITE 1500
CITY-ST-ZIP	DENVER, CO 80202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Howard Brill

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/05 303.216.9520