


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

06-19-2006 90004 006 \*\*\*158.75

DOCUMENT # **F99000000257**

1. Entity Name  
**Eze Castle Software, Inc.**



**DO NOT WRITE IN THIS SPACE**

**40096123**

2. Principal Place of Business  
**12 Farnsworth Street**

3. Mailing Address

State, Apt. #, etc.  
**6<sup>th</sup> Floor**

City & State  
**Boston, MA**

Country  
**USA**

Zip  
**02210**

4. FEI Number  
**04-3449808**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**CT CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 SOUTH PINE ISLAND ROAD**

City  
**PLANTATION**

State  
**FL**

Zip Code  
**33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	<b>See Attachment</b>		
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP

**DO NOT WRITE 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 reports 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, trustee, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other like empowerments.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

# ATTACHMENT

40096123  
# F99000000257

1. Full Legal Name: Sean McLaughlin
  - a. Title: Director and Chairman of the Board of Directors
    - i. Business Address: 12 Farnsworth Street, Boston, MA 02210
2. Full Legal Name: Thomas P. Gavin
  - a. Title: Chief Executive Officer, President and Asst. Secretary
    - i. Business Address: 12 Farnsworth Street, Boston, MA 02210
3. Full Legal Name: David Quinlan
  - a. Title: Executive Vice President
    - i. Business Address: 12 Farnsworth Street, Boston, MA 02210
4. Full Legal Name: Andrew P. Borggaard
  - a. Title: Executive Vice President, Secretary and Treasurer
    - i. Business Address: 12 Farnsworth Street, Boston, MA 02210
5. Full Legal Name: Jeffrey Shoreman
  - a. Title: Executive Vice President
    - i. Business Address: 12 Farnsworth Street, Boston, MA 02210
6. Full Legal Name: Sean Sullivan
  - a. Title: Executive Vice President
    - i. Business Address: 12 Farnsworth Street, Boston, MA 02210
7. Full Legal Name: P. Cameron Hyzer
  - a. Title: Vice President and Assistant Treasurer
    - i. Business Address: 12 Farnsworth Street, Boston, MA 02210
8. Full Legal Name: Duncan Niederauer
  - a. Title: Director
    - i. Business Address: One New York Plaza, 50<sup>th</sup> Floor, New York, NY 10004
9. Full Legal Name: John Cahaly
  - a. Title: Director
    - i. Business Address: 1 Federal Street, Boston, MA 02110
10. Full Legal Name: Thomas M. O'Neill
  - a. Title: Director
    - i. Business Address: 12 Farnsworth Street, Boston, MA 02210