


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F99000002094		
1. Entity Name SOFTCHOICE CORPORATION		
Principal Place of Business 314 WEST SUPERIOR STREET SUITE 301 CHICAGO, IL 60610	Mailing Address 173 DUFFERIN ST., STE. 200 TORONTO, ONTARIO CANADA M6K 3H7, XX	



03192007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-3827773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACDONALD, DAVE 28 DELHI CRESCENT UNIONVILLE, ONTARIO L3R 4J6,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD BRACE, ANNE 53 DALEWOOD ROAD TORONTO ONTARIO CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BRACE, ANNE 53 DALEWOOD ROAD TORONTO ONTARIO CANADA,
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04/19/07-80055-003 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27/3/07  
Date

Daytime Phone #