FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G02135 (3)

1. Corporation Name
EXECUSOFT, INC.

Principal Place of Business	Mailing Address
9305 W SAMPLE RD CORAL SPRINGS FL 33065 US	9305 W SAMPLE ROAD CORAL SPRINGS FL 33065 US

3. Date Incorporated or Qualified: 10/01/1982
3a. Date of Last Report: 02/10/1995
4. FEI Number: 59-2447808 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Same as above	26 1401 University Dr.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc. Suite 305
23 City & State	28 City & State Coral Springs, FL
24 Zip / 25 Country	29 Zip 33071 / 30 Country USA

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FEIG, LAWRENCE
9305 W SAMPLE
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 500001856925
-06/10/96--01021--017
84 City ***225.00 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 ________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FEIG, LARRY 5166 NW 81 AVENUE CORAL SPRINGS FL ☐ DELETE	1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D Joseph Bianco 110 E. 59th Street, 18th Floor New York, NY 10022 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/T/D Anil Narang 110 East 59th Street, 18th Floor New York, NY 10022 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/S/D Elliot Newman 1401 University Drive, Suite 305 Coral Springs, FL 33071 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Kellis Veach 110 East 59th Street, 18th Floor New York, NY 10022 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Timothy Dahltorp 13 Francis J. Clarke Circle Bethel, CT 06801 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition Cl 6.10.96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ________, Elliot B. Newman — June 6, 1996 — (954) 755-4888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)