

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L52980

Entity Name: JANUS SOFTWARE, INC.

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

9 WEST BROAD STREET
9TH FLOOR
STAMFORD, CT 06902 US

New Principal Place of Business:

Current Mailing Address:

9 WEST BROAD STREET
9TH FLOOR
STAMFORD, CT 06902 US

New Mailing Address:

FEI Number: 59-3026157 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BYRNE, JOHN B
9525 BLIND PASS ROAD, #206
ST. PETE BEACH, FL 33706 US

Name and Address of New Registered Agent:

LUGO, SARA
2022 ATAPHA NENE
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: SARA LUGO

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPTC () Delete
Name: FISHER, PATRICIA
Address: 37 STAMFORD AVE.
City-St-Zip: STAMFORD, CT 06902

Title: DS () Delete
Name: BYRNE, JOHN
Address: 9525 BLIND PASS ROAD, #206
City-St-Zip: ST. PETE BEACH, FL 33706

Title: D () Delete
Name: CORBETT, MICHAEL
Address: 18 MOLLY'S WAY
City-St-Zip: POUGHKEEPSIE, NY 12601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CORBETT, MICHAEL
Address: 18 MOLLY'S WAY
City-St-Zip: POUGHKEEPSIE, NY 12601

Title: D (X) Change () Addition
Name: KOCH, BRUCE
Address: 355 CLUB ROAD
City-St-Zip: STAMFORD, CT 06905

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA FISHER

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04/27/2007

Electronic Signature of Signing Officer or Director

Date