

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90025 028 ****61.25

DOCUMENT # N99000006520

1. Entity Name

SOFT NETWORK USERS GROUP, INC.



Principal Place of Business

**34350 US HIGHWAY 19 NORTH
PALM HARBOR FL 34684**

Mailing Address

**C/O DONALD P REED
100 SECOND AVE, S., STE 200-S
SAINT PETERSBURG FL 33701**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3636822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REED, DONALD P
100 SECOND AVE., SOUTH, STE 200-S
SAINT PETERSBURG FL 33701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JAMIESON, JUDY
600 UNIVERSITY AVE, DEPT MICRO
TORONTO, ON m5g- 1x5** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
SLATTERY, MARY
3431 NW 42 TERR
TOPEKA KS 66618** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
GELSIE, ANNE
1079 ST. GALEN AVE. W.
MOBILE AL 36608** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SID CLARKE
120 BROOKLINE AVE
BOSTON, MA 02215** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
CHUNG-HEE ROW
10 CENTER DRIVE
BETHESDA, MD** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PETER BOUTLETTE
2401 S 31st
Temple, TX 76513** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 617, 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

MARY SLATTERY

Date

Daytime Phone #

6-30-04 785-354-5935