2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006520

Entity Name: SOFT NETWORK USERS GROUP, INC.

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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5400 TECH DATA DR CLEARWATER, FL 33760

Current Mailing Address: New Mailing Address:

5400 TECH DATA DR ATTN: LEGAL DEPT. CLEARWATER, FL 33760

FEI Number: 59-3636822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REED, DONALD P 535 CENTRAL AVE SUITE 411 SAINT PETERSBURG, FL 33701 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:

Flateria Circular FD video I Arrel

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: P (X) Change () Addition Name: HUI, BOSCO Name: LAVALLO, ELIZABETH

Address: 2110 HAMILTON STREET, 4TH FLOOR Address: 11100 EUCLID AVE
City-St-Zip: REGINA, SK S4P2E3 CN City-St-Zip: CLEVELAND, OH 44106 US

Title: VD () Delete Title: VP (X) Change () Addition

 Name:
 LAVALLO, ELIZABETH
 Name:
 SHIELDS, REBECCA

 Address:
 11100 EUCLID AVE
 Address:
 525 E MARKET STREET

 City-St-Zip:
 CLEVELAND, OH 44106 US
 City-St-Zip:
 AKRON, OH 44309 US

Title: TD () Delete Title: T (X) Change () Addition Name: SHIELDS, REBECCA Name: HULLINGER, BEV

Address: 525 E MARKET STREET Address: 328 LEY ROAD

City-St-Zip: ARKON, OH 44309 US City-St-Zip: FORT WAYNE, IN 46825 US

Title: SD () Delete Title: S (X) Change () Addition

Name:BERTSCH, BONNIEName:BERTSCH, BONNIEAddress:704 QUEEN STREETAddress:704 QUEEN STREETCity-St-Zip:SASKATOON, SK S7L5S2 CNCity-St-Zip:SASKATOON, SK S7L5S2 CN

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH LAVALLO P 03/30/2009