

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000083317

FILED
Jan 19, 2007
Secretary of State

Entity Name: FRIENDLY SOFTWARE CORPORATION

Current Principal Place of Business:

1628 HENTHORNE DRIVE STE 100
MAUMEE, OH 43537 US

New Principal Place of Business:

Current Mailing Address:

1628 HENTHORNE DRIVE
STE 100
MAUMEE, OH 43537 US

New Mailing Address:

FEI Number: 59-3214980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBINO, NICHOLAS J
159 LOOKOUT PL
STE 101
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ENGEL, FRANK P
Address: 1628 HENTHORNE DR STE 100
City-St-Zip: MAUMEE, OH 43537

Title: DP () Delete
Name: BALES, WILLIAM T
Address: 1628 HENTHORNE DR STE 100
City-St-Zip: MAUMEE, OH 43537

Title: V () Delete
Name: BALES, BRUCE F
Address: 1628 HENTHORNE DR STE 100
City-St-Zip: MAUMEE, OH 43537

Title: D () Delete
Name: ESCHBACH, REINHARD
Address: 1628 HENTHORNE DR STE 100
City-St-Zip: MAUMEE, OH 43537

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM T BALES

DP

01/19/2007

Electronic Signature of Signing Officer or Director

Date