

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000083317**

1. Entity Name  
**FRIENDLY SOFTWARE CORPORATION**



Principal Place of Business  
**1628 HENTHORNE DRIVE STE 100  
MAUMEE, OH 43537 US**

Mailing Address  
**1628 HENTHORNE DRIVE  
STE 100  
MAUMEE, OH 43537 US**



02012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3214980</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000816177  
02/14/08-80039-007 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGEL, FRANK P 1628 HENTHORNE DR STE 100 MAUMEE, OH 43537
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BALES, WILLIAM T 1628 HENTHORNE DR STE 100 MAUMEE, OH 43537
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BALES, BRUCE F 1628 HENTHORNE DR STE 100 MAUMEE, OH 43537
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESCHBACH, REINHARD 1628 HENTHORNE DR STE 100 MAUMEE, OH 43537
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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

2-1-08  
Date

419 482 9095  
Daytime Phone #