2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000015650

Title:

Name:

Address:

City-St-Zip:

() Delete

MASON, RAYMOND J

STAMFORD, CT 06905

26 PEAK RD

Entity Name: CORPORATE WORKFLOW SOLUTIONS, INC.

FILED Mar 30, 2004 Secretary of State

y .tu		ATE WORKE EOW GOLOTIC	51 10 , 11 1 0.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
354 CYPRI	ESS DR						
_	A, FL 33469	US					
Current M	ailing Addres	s:	New Maili	New Mailing Address:			
354 CYPRI	ESS DR						
9 TEQUEST.	A, FL 33469	US					
FEI Number: 65-0565562		FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
PATTERSO 18815 SOL JUPITER,	JTH GOLDEN	HAWK TRAIL					
The above in the State		ubmits this statement for the	purpose of changing i	ts registered	l office or registered agent, or	both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered A	gent		Date		
Election Can	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PATTERSON, J	OLDEN HAWK TRAIL	Title: Name: Address: City-St-Zip:		()Change ()Addition		
Title: Name: Address: City-St-Zip:	VD () LAGUE, KIMBE 219 GOLF CLUI TEQUESTA, FL	3 CIRCLE	Title: Name: Address: City-St-Zip:	D LAGUE, KIMI 219 GOLF C TEQUESTA,	LUB CIRCLE		

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: KIMBERLY W. LAGUE CFO 03/30/2004

(X) Change () Addition

MASON, RAYMOND J

STAMFORD, CT 06905

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