PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000017228

1. Corporation Name

SILVERSTONE SOFTWARE CORPORATION

Principal Place	of Business	,	vianing Address				- 1	1				
259 CEDAR PARK CIRCLE SARASOTA FL 34231			259 CEDAR PARK CIRCLE SARASOTA FL 34231							00405		
							DO NOT WRITE IN THIS SPACE					
								ì	corporated or Qual	ifed		[
								02/23/				
2. Principal Pla	ace of Business	2	a. Mailing Address		. 0		(A)	4. FEI Nun		\ <u></u>		Applied For
21			26 7610 OLD GEORG			ONN	KN)	65	-082026	<u>~</u>		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5 Cortifor	te of Status Desire	d 🗆		Ac ditional
22			27					J. OBINION			Fee	Required
City & State			City & State					6. Election	Campaign Financ	ing 🗆	\$5.0	0 May Be
23			28 BETHESDA MD					Trust F.	and Contribution	ابا 	Adde	d to Fees
Zip	Country		Zip	Coun	itry			8. This cor	poration owes the	current year Int	angible	
24	25	29	70814	30					l Property Tax.		Yes	i Jo
	9. Name and Address	of Current Reg	istered Agent					10. Name a	nd Address of N	ew Registere 1	Agent	
					81	Name						
BLAC	ikie, gerald			-	82	Stroot	Ad dros	ee (P.O. Boy	Number is Not Acc	rentable)		
259 CEDAR PARK CIRCLE			1			Sueer	- CO 31 62	33 (1 .O. DOX	TAGITIDO: 15 TAGE 7 CO	ospiaoio,		
SARASOTA FL 34231			j									
				1								
					84	City				FL	85 Zi	p Code
44.5	to the provisions of Sectio	607 0E02 and	607 1509 Elorida Statu	ree the ah	0/0	named	00.000	ration submit	this statement for	the nurnose of	changing	its registered
office or re	to the provisions of Sectio egistered agent, or both, it n familiar with, and accep	n the State of Flo	rida. Such change was of. Section 607.0505. Fi	authorized	by ti tes.	he corpo	oration	's board of di	rectors. I hereby a	ccept the appo	ntment as	registered
	mamma with, and desop	t the congains	.,									
SIGNATURE	Signature, typed or printed nar ie of	registered agent and to	le if applicable (NOT	t : Registered A	Agent	signature r	equ red v	when reinstating)		DATE		
12.		FICERS AND DIF		13.				ADDITIO	NS/CHANGES TO	OFFICERS /\	1D DIREC	TOFS IN 12
TITLE	D		☐ DELETE	1.1 TM	LE						☐ Chang	e 🔲 Addition
NAME	BLACKIE, GERALD			1.2 NA	ME							
STREET ADDRESS	259 CEDAR PARK CI	RC1 F		1.3 STF	REET	ADDRESS						ì
CADACOTA EL 04004			1.4 CITY-ST-ZIP									
TITLE	D	<u> </u>	☐ DELETE	2.1 TiTl		-201					☐ Chang	e Addition
1	PERRY, STEPHEN G			2.2 NA								
NAME	, _,	NITHOUSE E										
STREET ADDRESS	808 BROADWAY - PI			R .		ADDRESS						
CITY-ST-ZIP	NEW YORK NY 1000	3	□ DELETE	2. 4 CIT		r-zip	75			=	Chang	e 🗀 Addition
TITLE	D						Owi	D, ERIF	∴ H		, ,	,
NAME	RIND, ERIK H				2 NAME K		K N	510 OLD GEORGETONN ROAL)	
STREET ADDRESS	2275 RESEARCH BL					ADDRESS			GIBUK 412 10	O / + +	-	ļ
CITY-ST-ZIP	ROCKVILLE MD 2085	<u> </u>		3.4. CIT	Y-ST	r-zip	ΒŁ	THESDA	MD.	30814		
TITLE			☐ DELETE	4.1 7377	LΕ						Chang	ge
NAME				4. 2 NA	ME							
STREET ADDRESS				4.3 STF	REET	ADDRESS						
CITY-ST-ZIP				4.4 CIT	Y-ST	- ZIP						
TITLE			☐ DELETE	5.1 TITI	LE				_		☐ Chanç	ge 🗌 Addition
NAME				5.2 NA	ME							ļ
STREET ADDRESS				5.3 STF	REET	ADDRE\$\$						
CITY-ST-ZIP				5.4 CIT	Y-ST	-ZIP						
TITLE			☐ DELETE	6.1 TIT	LΕ		\vdash				Chang	e Addition
MANE				6.2 NA	ME							

6 3 STREET ADDRESS

6 4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

14. I hereb / certify that the informat on 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 annual report or supplemental annual 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 tenevier of trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an address, with a lother like empowered.

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90075 049 ***150.00