



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 102017
2. Name of Corporation ADROIT SOFTWARE INC.
3. Street Address Principal Business Office 23 FAULKNER ROAD SHREWSBURY MA 01545
4. Business Phone No. (617)-640-0838
5. State of Incorporation Massachusetts
6. SIC Code 7872
7. Brief Description of the Character of Business Conducted in Rhode Island Software Products & Services.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name RAJAY GOYAL Vice President Name RAJAY GOYAL
Street Address 23 FAULKNER ROAD Street Address 23 FAULKNER ROAD
City SHREWSBURY MA 01545 City SHREWSBURY MA 01545
Secretary Name RAJAY GOYAL Treasurer Name RAJAY GOYAL
Street Address 23 FAULKNER ROAD Street Address 23 FAULKNER ROAD
City SHREWSBURY MA 01545 City SHREWSBURY MA 01545

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name RAJAY GOYAL
Street Address 23 FAULKNER ROAD
City SHREWSBURY MA 01545

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	200,000	Common	NO Par

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	NO Par.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date: OCT 05 2001

Check No.: By SC 80

By: 272051

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: RAJAY GOYAL Date: Oct. 1, 2001

Print or Type Name of Officer: RAJAY GOYAL

Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 102017		2. Name of Corporation ADROIT SOFTWARE INC.			
3. Street Address Principal Business Office 23 FAULKNER ROAD		City SHREWSBURY	State MA		
4. Business Phone No. (617) 640-0838		5. State of Incorporation Massachusetts	6. SIC Code 7872		
7. Brief Description of the Character of Business Conducted in Rhode Island Software Products & Services					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name RAJAY GOYAL		Vice President Name RAJAY GOYAL			
Street Address 23 FAULKNER ROAD		Street Address 23 FAULKNER ROAD			
City SHREWSBURY	State MA	City SHREWSBURY	State MA		
Zip 01545	Zip 01545	Zip 01545	Zip 01545		
Secretary Name RAJAY GOYAL		Treasurer Name RAJAY GOYAL			
Street Address 23 FAULKNER ROAD		Street Address 23 FAULKNER ROAD			
City SHREWSBURY	State MA	City SHREWSBURY	State MA		
Zip 01545	Zip 01545	Zip 01545	Zip 01545		
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name RAJAY GOYAL		Director Name			
Street Address 23 FAULKNER ROAD		Street Address			
City SHREWSBURY	State MA	City	State		
Zip 01545	Zip	Zip	Zip		
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip	Zip	Zip	Zip		
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000	Common	NO PAR	100	Common	NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Rajay Goyal
Signature of Officer
Date: OCT. 1, 2001
RAJAY GOYAL
Print or Type Name of Officer
PRESIDENT
Title of Officer

FILED

File Date: OCT 05 2001
Check No.: _____
By: SC 80
272051
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 99
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 102017 2. Name of Corporation ADROIT SOFTWARE INC.
3. Street Address Principal Business Office 102 Meeniyhouse Path City Ashland State MA Zip 01721
4. Business Phone No. 508-881-9889 5. State of Incorporation MA (RI foreign corporation) 6. SIC Code 7872
7. Brief Description of the Character of Business Conducted in Rhode Island
Software Products & Services.

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>RAJAY GOYAL</u> Street Address <u>102 Meeniyhouse Path</u> City <u>Ashland</u> State <u>MA</u> Zip <u>01721</u>	Vice President Name <u>RAJAY GOYAL</u> Street Address <u>102 Meeniyhouse Path</u> City <u>Ashland</u> State <u>MA</u> Zip <u>01721</u>
Secretary Name <u>RAJAY GOYAL</u> Street Address <u>102 Meeniyhouse Path</u> City <u>Ashland</u> State <u>MA</u> Zip <u>01721</u>	Treasurer Name <u>RAJAY GOYAL</u> Street Address <u>102 Meeniyhouse Path</u> City <u>Ashland</u> State <u>MA</u> Zip <u>01721</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name <u>RAJAY GOYAL</u> Street Address <u>102 Meeniyhouse Path</u> City <u>Ashland</u> State <u>MA</u> Zip <u>01721</u>	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>200,000</u>	<u>Common</u>	<u>NO Par</u>

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>100</u>	<u>Common</u>	<u>NO Par</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 8-27-99
Check No.: 1047
By: AMF
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Rajay Goyal 8/24/99
Signature of Officer Date
RAJAY GOYAL
Print or Type Name of Officer
President
Title of Officer