

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90179 022 ***150.00

DOCUMENT # F00000000106

1. Entity Name
CARDIFF SOFTWARE, INC.

Principal Place of Business
3220 EXECUTIVE RIDGE DRIVE
VISTA CA 92083

Mailing Address
3220 EXECUTIVE RIDGE DRIVE
VISTA CA 92083



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
33-0460717

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CLERKE, DENISE E
STREET ADDRESS 3220 EXECUTIVE RIDGE DRIVE
CITY-ST-ZIP VISTA CA 92083

TITLE ☒ Change ☐ Addition
NAME CLERKE, DENNIS E.
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME SEAMANS, MARK
STREET ADDRESS 3220 EXECUTIVE RIDGE DRIVE
CITY-ST-ZIP VISTA CA 92083

TITLE ☐ Change ☒ Addition
NAME S/T CLARK, BLAKE F
STREET ADDRESS 3220 EXECUTIVE -RIDGE DRIVE
CITY-ST-ZIP VISTA CA 92083

TITLE D ☐ Delete
NAME WADSWORTH, ROBERT
STREET ADDRESS ONE FINANCIAL CENTER, 44TH FLOOR
CITY-ST-ZIP BOSTON MA 02111

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LARSON, CHARLES
STREET ADDRESS 411 NORTH LINDEN AVE.
CITY-ST-ZIP OAK PARK IL 60302

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3220 EXECUTIVE RIDGE DRIVE
CITY-ST-ZIP VISTA CA 92083

TITLE D ☐ Delete
NAME SCHEMBER, CHRISTOPHER
STREET ADDRESS 3829 JACKSON STREET
CITY-ST-ZIP SAN FRANCISCO CA 94118

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3220 EXECUTIVE RIDGE DRIVE
CITY-ST-ZIP VISTA CA 92083

TITLE D ☐ Delete
NAME GAYLORD, CHARLES
STREET ADDRESS 3220 EXECUTIVE RIDGE DRIVE
CITY-ST-ZIP VISTA CA 92083

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED DENNIS CLERKE

4/26/02 (760) 936-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)