

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90095 002 \*\*\*150.00

**DOCUMENT # F0000006822**

1. Entity Name  
**CODEWARE, INC.**



Principal Place of Business      Mailing Address

**6500 RIVER PLACE BLVD  
 BLDG II, SUITE 104  
 AUSTIN, TX 78730**      **6500 RIVER PLACE BLVD  
 BLDG II, SUITE 104  
 AUSTIN, TX 78730**

40070000

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**5224 STATION WAY**      **5224 STATION WAY**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



04152008      Chg-P      CR2E034 (12/06)

City & State      City & State

**SARASOTA, FL**      **SARASOTA, FL**

Zip      Country      Zip      Country

**34233**      **USA**      **34233**      **USA**

4. FEI Number      Applied For

**76-0403401**      Not Applicable

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

    

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

**BILDY, LESLIE M  
 8586 POTTER PARK DRIVE  
 SUITE 113  
 SARASOTA, FL 34238**

**7. Name and Address of New Registered Agent**

Name      (Same)

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

**5224 STATION WAY**

City      State      Zip Code

**SARASOTA      FL      34233**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**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

    

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>BILDY, LESLIE M</b>	
STREET ADDRESS	<b>8586 POTTER PARK DRIVE, SUITE 113</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34238</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>MIGLIAVACCA, JOHN</b>	
STREET ADDRESS	<b>3100 S GESSNER ROAD, SUITE 610</b>	
CITY-ST-ZIP	<b>HOUSTON, TX 77063</b>	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<b>BILDY, MARY ANN</b>	
STREET ADDRESS	<b>8586 POTTER PARK DRIVE, SUITE 113</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34238</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BILDY, LESLIE M.</b>	
STREET ADDRESS	<b>5224 STATION WAY</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34233</b>	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MIGLIAVACCA, JOHN</b>	
STREET ADDRESS	<b>5224 STATION WAY</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34233</b>	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BILDY, MARY ANN</b>	
STREET ADDRESS	<b>5224 STATION WAY</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 34233</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Les Bily*      Date: 941-927-2670  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      District Phone #