

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90136 038 \*\*\*150.00

**DOCUMENT # F01000002354**  
 1. Entity Name  
**KHAMELEON SOFTWARE INC.**

Principal Place of Business      Mailing Address  
**10 SPEEN STREET**      **10 SPEEN STREET**  
**FRAMINGHAM MA 01701**      **FRAMINGHAM MA 01701**

2. Principal Place of Business      3. Mailing Address  
**13830 58th St. N.**      Suite, Apt. #, etc.  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 401**  
 City & State      City & State  
**Clearwater, FL**  
 Zip      Country      Zip      Country  
**33760**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**04-3543683**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**  
 6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

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 Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	ANGELONE, ALFRED C	
STREET ADDRESS	10 SPEEN STREET	
CITY-ST-ZIP	FRAMINGHAM MA 01701	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	MCCARTHY, TERRENCE C	
STREET ADDRESS	10 SPEEN STREET	
CITY-ST-ZIP	FRAMINGHAM MA 01701	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		

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: Terrence C. McCarthy      Date: 2/6/02      Daytime Phone #: 508 626-2727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)