2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F 9700000 4206 (3) Apr 12, 2000 8:00 am Secretary of State 1. Entity Name Computern Software, Inc. al Place of Business Mailing 04-12-2000 90032 016 ***150.00 Principal Place of Business 301 Route 17 North 301 ROULE 17 NOTEN BUtherford NJ 07070 Burnovana NJ 07070 86058635 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 7ip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301-0525 Street Address (P.O. Box Number is Not Acceptable) 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition THLE ☐ Delete TITLE ☐ Change John Rade Go Computron 301 Route 17 North NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Rutherford NJ 07070 Addition TITLE VTCO ☐ Delete ☐ Change Michael R Jorgensen Go Computron NAME 301 ROULE 17 North STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Rumerfurd NJ 07070 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME Elias Typaldos Clo Computron NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Rutherford NJ 07070 ☐ Delete ☐ Change Addition TITLE TITLE Gennaro Vendome NAME NAME STREET ADDRESS 301 Rouse 17 North STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Butherford NJ 07070 Change Addition TITLE TITLE Robert T Hewitt Go Computron 301 Rove 17 North NAME NAME STREET ADDRESS STREET ADDRESS Authorford NJ 07070 CITY-ST-2IP CITY-ST-ZIP William Lovering III do Computron Delete 301 Boule 17 JNorth ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS BUTKERFORD NJ 07070 CITY-ST-ZIP 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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #