

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90027 016 ***150.00

DOCUMENT # F99000000903

1. Entity Name

ALYDAAR SOFTWARE CORPORATION

Principal Place of Business

Mailing Address

4064 COLONY ROAD
 SUITE 100
 CHARLOTTE NC 28211

4064 COLONY ROAD
 SUITE 100
 CHARLOTTE NC 28211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

87-0399301

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	WAYNE, THOMAS J	
STREET ADDRESS	4064 COLONY ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DUDCHIK, THOMAS J	
STREET ADDRESS	4064 COLONY ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	DUNLANEY, DAIN	
STREET ADDRESS	4064 COLONY ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	PC	<input type="checkbox"/> Delete
NAME	GRUDER, ROBERT F	
STREET ADDRESS	4064 COLONY ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUMBERG, RICHARD	
STREET ADDRESS	4064 COLONY ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28211	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, JAMES	
STREET ADDRESS	4064 COLONY ROAD	
CITY-ST-ZIP	CHARLOTTE NC 28211	

TITLE	V S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYNE, THOMAS J	
STREET ADDRESS	4064 COLONY RD	
CITY-ST-ZIP	CHARLOTTE, NC 28211	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

704 365-2324

Daytime Phone #

CR2E034 (10/00)