FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 7:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J13595 (0)

1. Corporation Name
RENAISSANCE SOFTWARE CORPORATION

Principal Place of Business	Mailing Address
773 HOLLY STREET P.O. BOX 150968 ALTAMONTE SPRINGS FL 32715-7968	773 HOLLY STREET P.O. BOX 150968 ALTAMONTE SPRINGS FL 32715-7968

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/09/1986
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-2693281	☐ Applied For ☐ Not Applicable
21 243 SE Fallon	26 PO Box 7819		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: Pt. St. Lucie FL	28 City & State: Pt. St. Lucie FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip: 34983 25 Country: Pt St Lucie	29 Zip: 34985-7819 30 Country: Pt. St. Lucie	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BENNETT, F. VERNON 1051 WINDERLY PLACE, SUITE #400 MAITLAND FL 32751	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSC	11 TITLE	PSC	☑ Change ☐ Addition
NAME	BANKS, ANDREWS	12 NAME	BANKS, ANDREW	
STREET ADDRESS	773 HOLLY ST	13 STREET ADDRESS	621 Woodsway Dr.	
CITY-ST-ZIP	ALTTAMONTE SPRINGS FL	14 CITY-ST-ZIP	LOVELAND OH 45140	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0413821 FP