2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L04461

1. Entity Name
MR. MICROCHIP SOFTWARE CENTER, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State
02-05-2001 90073 025 ***150.00

110210

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1 OLD COUNTRY ROAD SUITE 231 CARLE PLACE NY 11514	1 OLD COUNTRY ROAD SUITE 231 CARLE PLACE NY 11514

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 59-3084068 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALZER, JAMES L. ~~200 SWEETWATER CLUB BLVD~~ 185 VILLA DI ESTE TERRACE ~~LONGWOOD FL 32779~~ APT 213 LAKE MARY, FL 32746	Name JAMES L. WALZER Street Address (P.O. Box Number is Not Acceptable) 185 VILLA DI ESTE TERRACE APT 213 City LAKE MARY, FL Zip Code 32746

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WALZER, JAMES L. 185 VILLA DI ESTE TERR ~~200 SWEET WALTER CLUB BLVD~~ APT 213 ~~LONGWOOD FL 32779~~ LAKE MARY, FL, 32746 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: James L. Walzer 1/29/01 516-742-3330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #