AMENDED UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L81548

1. Entity Name

IMAGER SOFTWARE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 AUG 22 PM 2:36

Principal Place of Business	Mailing Address
2931 KERRY FOREST PKWY 2ND FLOOR TALLAHASSEE FL 32309 US	2931 KERRY FOREST PKWY 2ND FLOOR TALLAHASSEE FL 32309 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2932 Wellington Cir.	2932 Wellington Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee FL	City & State: Tallahassee FL
Zip: 32308 Country: USA	Zip: 32308 Country: USA

4. FEI Number 59-3030550 ☐ 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
KOCHANOWSKY, PAUL A. 3139 JOREE LANE TALLAHASSEE FL 32303	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: Paul Kochanowsky 8/17/01
(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	P KOCHANOWSKY, EUGENE W 2864 CERCY TRACE TALLAHASSEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HEARN, BRIAN F. 7996 GRANT CT. TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600004560596--5 -08/28/01--01093--023 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALEXANDER, MARK A. 8106 ARCHER PASS TALLAHASSEE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Secretary ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M KOCHANOWSKY, PAUL A 3139 JOREE LANE TALLAHASSEE FL 32303	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Mark Alexander 8/17/01 850.893.6741
Date Daytime Phone #