FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90062 031 ***150.00

2002 **FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L81548

1. Entity Name

IMAGER SOFTWARE, INC.

DO NOT WRITE IN THIS SPACE

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: 32309 Country: USA	Zip: 32309 Country: USA

4. FEI Number: 59-3030550 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: PAUL A. KOCHANOWSICY

Street Address (P.O. Box Number is Not Acceptable): 2932 WELLINGTON CIR.

City: TALLAHASSEE FL Zip Code: 32309

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 Kochanowsicy 4/26/02
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) ☐

January 1 - May 1, Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	P S
NAME	ALEXANDER, MARK A.
STREET ADDRESS	8016 EVENING STAR LANE
CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	T
NAME	HEARN, BRIAN F.
STREET ADDRESS	2940 COMPTON WAY
CITY-ST-ZIP	TALLAHASSEE FL 32309
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CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Brian Hearn 4/26/02 850 893 6741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AMENDED UNIFORM BUSINESS REPORT (UBR)

FY1 — 2001 Amended Rpt
COPY ATTACHMENT

DOCUMENT # L81548

1. Entity Name

IMAGER SOFTWARE, INC.

Principal Place of Business	Mailing Address
888 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 2804 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. 7800 GRANT CT. TALLAHASSEE FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ALEXANDER, MARK A. 6108 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
(Typed or printed name of person signing) (Title of officer or director listed) (Date)

850. 893.6741
(Telephone number)