

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90011 031 \*\*\*150.00

**DOCUMENT # P00000103488**

1. Entity Name  
**CEREBRAL SOFTWARE, INC.**

Principal Place of Business      Mailing Address  
**3712 SECLUDED OAK CT.**      **3712 SECLUDED OAK CT.**  
**MELBOURNE FL 32934**      **MELBOURNE FL 32934**

**654070**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**2051 FOXWOOD DR**      **2051 FOXWOOD DR**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number       Applied For  
**Melbourne, FL**      **Melbourne, FL**      **59-3681394**       Not Applicable  
 Zip      Country      Zip      Country      5. Certificate of Status Desired       **\$8.75 Additional**  
**32935**      **USA**      **32935**      **USA**      Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent  
**WELCH, GEORGE J**      Name  
**3712 SECLUDED OAK CT.**      Street Address (P.O. Box Number is Not Acceptable)  
**MELBOURNE FL 32934**      **2051 FOXWOOD DRIVE**  
 City      State      Zip Code  
**Melbourne**      **FL**      **32935**

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 *George J Welch*      DATE **4/30/01**  
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.  **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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELCH, GEORGE J</b>	NAME	<b>WELCH, GEORGE J</b>
STREET ADDRESS	<b>3712 SECLUDED OAK CT.</b>	STREET ADDRESS	<b>2051 FOXWOOD DR</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>	CITY-ST-ZIP	<b>Melbourne, FL 32935</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELCH, KATHLEEN</b>	NAME	<b>WELCH, KATHLEEN</b>
STREET ADDRESS	<b>3712 SECLUDED OAK CT.</b>	STREET ADDRESS	<b>2051 FOXWOOD DR</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32934</b>	CITY-ST-ZIP	<b>MELBOURNE, FL 32935</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *George J Welch*      DATE **4/30/01**      DAYTIME PHONE # **321-861-9005**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/00)