FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
02 JUL -2 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V29785

1. Entity Name
POWERCERV TECHNOLOGIES CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
400 N. Ashley Dr.	400 N. Ashley Dr.
Suite, Apt. #, etc. Suite 2675	Suite, Apt. #, etc. Suite 2675
City & State Tampa, Florida	City & State Tampa, Florida
Zip 33602 Country US	Zip 33602 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3117606 ☐ 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: Marc Fratello

Street Address (P.O. Box Number is Not Acceptable): 400 N. Ashley DRive

Suite 2675

City: Tampa FL Zip Code: 33602

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: _____ 6/27/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Marc Fratello 400 N. Ashley Dr, Suite 2675 Tampa, Florida 33602	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400006335174-- -07/11/02--01053--012 ****158.75 ****158.7
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO Aria Siplin 400 N. Ashley Dr, Suite 2675 Tampa, Florida 33602	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**IN THIS SPACE**
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CR2E090B (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: _____ 6/27/02 (813)226-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

~~Aria Siplin~~, Chief Financial Officer

gs 7/8/02