

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F99000004552**

1. Entity Name  
**EAGLE POINT SOFTWARE CORPORATION**



Principal Place of Business  
**4131 WESTMARK DRIVE  
DUBUQUE, IA 52002-2627**

Mailing Address  
**4131 WESTMARK DRIVE  
DUBUQUE, IA 52002-2627**



02212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**42-1204819**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

U000000256026

03/08/05-80042-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	V
NAME	PULLEN, JAMES
STREET ADDRESS	4131 WESTMARK DRIVE
CITY-STATE-ZIP	DUBUQUE, IA 520022627
TITLE	V
NAME	AMBROSY, RANDY
STREET ADDRESS	4131 WESTMARK DRIVE
CITY-STATE-ZIP	DUBUQUE, IA 520022627
TITLE	V
NAME	LYON, MICHAEL S
STREET ADDRESS	4131 WESTMARK DRIVE
CITY-STATE-ZIP	DUBUQUE, IA 520022627
TITLE	V
NAME	GARDNER, SHANE
STREET ADDRESS	4131 WESTMARK DRIVE
CITY-STATE-ZIP	DUBUQUE, IA 520022627
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jim McCann*

2-21-05

Date

563-556-8392

Daytime Phone #