

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000000427

**FILED**  
**Feb 27, 2023**  
**Secretary of State**  
**9471557127CC**

**Entity Name:** UNIT4 BUSINESS SOFTWARE, INC.

**Current Principal Place of Business:**

900 LINTON BLVD, SUITE 201B  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

900 LINTON BLVD, SUITE 201B  
DELRAY BEACH, FL 33444 US

**FEI Number:** 04-3461317

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           ETTLING, MIKE  
Address        900 LINTON BLVD, SUITE 201B  
City-State-Zip: DELRAY BEACH FL 33444

Title           TREASURER  
Name           GUILLEN, ARTURO  
Address        900 LINTON BLVD, SUITE 201B  
City-State-Zip: DELRAY BEACH FL 33444

Title           SECRETARY  
Name           WORKMAN, JAMES A.  
Address        900 LINTON BLVD, SUITE 201B  
City-State-Zip: DELRAY BEACH FL 33444

Title           DIRECTOR  
Name           ALEXANDER, RUSSELL  
Address        900 LINTON BLVD, SUITE 201B  
City-State-Zip: DELRAY BEACH FL 33444

Title           DIRECTOR  
Name           BAGLEY, MATT  
Address        900 LINTON BLVD, SUITE 201B  
City-State-Zip: DELRAY BEACH FL 33444

Title           DIRECTOR  
Name           DYER , DAVE  
Address        900 LINTON BLVD, SUITE 201B  
City-State-Zip: DELRAY BEACH FL 33444

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** WORKMAN, JAMES A.

**SECRETARY**

**02/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date