## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F16000005719

Entity Name: ASURE SOFTWARE, INC.

**Current Principal Place of Business:** 

405 COLORADO STREET

**SUITE 1800** AUSTIN, TX 78701

**Current Mailing Address:** 

**405 COLORADO STREET SUITE 1800** 

AUSTIN, TX 78701 US

FEI Number: 74-2415696 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD 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: STEPHANIE HENCZ 04/11/2024

Electronic Signature of Registered Agent

Date

**FILED** Apr 11, 2024

**Secretary of State** 

8146593310CC

Officer/Director Detail:

Title CEO Title **PRESIDENT** 

GOEPEL, PATRICK Name Name GOLDSTEIN, EYAL

Address **405 COLORADO STREET** Address 405 COLORADO STREET

**SUITE 1800** 

**SUITE 1800** 

AUSTIN TX 78701 AUSTIN TX 78701 City-State-Zip: City-State-Zip:

Title TREASURER/CFO Title **SECRETARY** PENCE, JOHN PENCE, JOHN Name Name

405 COLORADO STREET 405 COLORADO STREET Address Address

**SUITE 1800** 

**SUITE 1800** 

AUSTIN TX 78701 AUSTIN TX 78701 City-State-Zip: City-State-Zip:

Title CHAIRMAN OF THE BOARD Title DIRECTOR

GOEPEL, PATRICK GOEPEL, PATRICK Name Name

**405 COLORADO STREET** 405 COLORADO STREET Address Address

> **SUITE 1800 SUITE 1800**

City-State-Zip: AUSTIN TX 78701 City-State-Zip: AUSTIN TX 78701

Title **DIRECTOR** Title **DIRECTOR** OBERWAGER, BRADFORD Name Name GILL, DANIEL

Address 405 COLORADO STREET **405 COLORADO STREET** Address

> **SUITE 1800 SUITE 1800**

City-State-Zip: AUSTIN TX 78701 City-State-Zip: AUSTIN TX 78701

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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.

04/11/2024 SIGNATURE: JOHN PENCE TREASURER/CFO

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Address

DIRECTOR Title Title DIRECTOR Name REYNOLDS, BJORN Name DREW, W. CARL

405 COLORADO STREET 405 COLORADO STREET Address Address SUITE 1800

SUITE 1800

City-State-Zip: AUSTIN TX 78701 City-State-Zip: AUSTIN TX 78701

Title **DIRECTOR** Title DIRECTOR

Name LEE, GRACE Name ALLEN, BENJAMIN

> **405 COLORADO STREET** Address 405 COLORADO STREET

**SUITE 1800 SUITE 1800** 

City-State-Zip: AUSTIN TX 78701 City-State-Zip: AUSTIN TX 78701