FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND FILED
95 APR 14 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **501280** **(2)**

1. Corporation Name
APPLIED SOFTWARE, INC.

Principal Place of Business	Mailing Address
~~940 US 1 SUITE 250~~ ~~PO BOX 13007~~ ~~N PALM BCH FL 33408~~	~~940 US 1 SUITE 250~~ ~~PO BOX 13007~~ ~~N PALM BCH FL 33408~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/15/1976	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business: 21 3655 Route 202	2a. Mailing Address: 26 6720 Paxson Road
Suite, Apt. #, etc.: 22 Suite 115	Suite, Apt. #, etc.: 27
City & State: 23 Doylestown PA	City & State: 28 New Hope PA
Zip: 24 18901 Country: 25 U.S.A.	Zip: 29 18938 Country: 30 U.S.A.
4. FEI Number: 59-1668686	Applied For / Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

~~JOSEPHSON, WALTER~~
~~133 LOST BRIDGE DRIVE~~
~~PALM BEACH GARDENS FL 33410~~

this was inadvertently crossed out - it is Correct.

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☐ Change ☐ Addition
NAME	WEST, GORDON	12 NAME		
STREET ADDRESS	101 SPINNAKER LANE	13 STREET ADDRESS		
CITY-ST-ZIP	JUPITER FL	14 CITY-ST-ZIP		
TITLE	VSD	21 TITLE		☑ Change ☐ Addition
NAME	JOSEPHSON, JANIS	22 NAME		
STREET ADDRESS	103 OCEAN DUNES	23 STREET ADDRESS	6720 Paxson Road	
CITY-ST-ZIP	JUPITER FL	24 CITY-ST-ZIP	New Hope PA 18938	
TITLE	PD	31 TITLE		☒ Change ☐ Addition
NAME	JOSEPHSON, WALTER	32 NAME		
STREET ADDRESS	103 OCEAN DUNES	33 STREET ADDRESS	6720 Paxson Road	
CITY-ST-ZIP	JUPITER FL	34 CITY-ST-ZIP	New Hope PA 18938	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janis M Josephson 4-8-95 215-397-5616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047148 CP