2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003
Secretary of State

DOCUMENT# 672570

Entity Name: COMPUTER SOFTWARE DESIGN, INC.

Current Principal Place of Business:

20 MATTHEW DR
NEW OXFORD, PA 17350 US

New Principal Place of Business:

Current Mailing Address:

20 MATTHEW DR
NEW OXFORD, PA 17350 US

New Mailing Address:

FEI Number: 59-2001273 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLLNICK, THEODORE A
240 N WASHINGTON BLVD #500
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

GOLLNICK, THEODORE A
100 WALLACE AVENUE
SUITE 205
SARASOTA, FL 34237 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: 02/10/2003
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GOLLNICK, WILLIAM E
Address: 20 MATTHEW DR
City-St-Zip: NEW OXFORD, PA 17350

Title: S ( ) Delete
Name: GOLLNICK, MARISOL
Address: 20 MATTHEW DR
City-St-Zip: NEW OXFORD, PA 17350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM E GOLLNICK PD 02/10/2003
Electronic Signature of Signing Officer or Director — Date