

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90383 024 \*\*\*150.00

**DOCUMENT # F00000000106**

1. Entity Name  
**CARDIFF SOFTWARE, INC.**

Principal Place of Business  
**3220 EXECUTIVE RIDGE DRIVE**  
**VISTA CA 92083**

Mailing Address  
**3220 EXECUTIVE RIDGE DRIVE**  
**VISTA CA 92083**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **33-0460717**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so. ☐  
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CLERKE, DENISE E	
STREET ADDRESS	3220 EXECUTIVE RIDGE DRIVE	
CITY-ST-ZIP	VISTA CA 92083	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SEAMANS, MARK	
STREET ADDRESS	3220 EXECUTIVE RIDGE DRIVE	
CITY-ST-ZIP	VISTA CA 92083	
TITLE	D	<input type="checkbox"/> Delete
NAME	WADSWORTH, ROBERT	
STREET ADDRESS	ONE FINANCIAL CENTER, 44TH FLOOR	
CITY-ST-ZIP	BOSTON MA 02111	
TITLE	D	<input type="checkbox"/> Delete
NAME	LARSON, CHARLES	
STREET ADDRESS	411 NORTH LINDEN AVE.	
CITY-ST-ZIP	OAK PARK IL 60302	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEMBER, CHRISTOPHER	
STREET ADDRESS	3829 JACKSON STREET	
CITY-ST-ZIP	SAN FRANCISCO CA 94118	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAYLORD, CHARLES	
STREET ADDRESS	3220 EXECUTIVE RIDGE DRIVE	
CITY-ST-ZIP	VISTA CA 92083	

TITLE	Sec. - CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Blake F. Clark	
STREET ADDRESS	3220 Executive Ridge Dr.	
CITY-ST-ZIP	Vista, CA 92083	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Blake F. Clark* **Blake F. Clark**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

(760) 936-4701

Daytime Phone #

CR2E034 (10/00)