

# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F01000005466

Entity Name: ALLOCATE SOFTWARE INC.

FILED  
Nov 24, 2009  
Secretary of State

## Current Principal Place of Business:

2087 NW 87TH AVENUE  
MIAMI, FL 33172 US

## New Principal Place of Business:

1111 LINCOLN ROAD  
SUITE 400  
MIAMI BEACH, FL 33139 US

## Current Mailing Address:

10 S WACKER DR  
40TH FL  
CHICAGO, IL 60606

## New Mailing Address:

FEI Number: 04-3427851      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: MORGAN, PHILIP  
Address: 2087 NW 87TH AVENUE  
City-St-Zip: MIAMI, FL 33172 US

Title: DST ( ) Delete  
Name: THORNE, SIMON  
Address: 180 PICCADILLY  
City-St-Zip: LONDON, UK, W1J9ER UK

Title: D ( ) Delete  
Name: BOWLES, IAN  
Address: 180 PICCADILLY  
City-St-Zip: LONDON, UK, W1J9ER UK

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BOWLES, IAN  
Address: 180 PICCADILLY  
City-St-Zip: LONDON, UK, UK W1J9ER UK

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 exemption stated in Chapter 119, 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: SIMON THORNE

DST

11/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date