

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90431 034 ***158.75

DOCUMENT # F02000001181

1. Entity Name

AMDOCS SOFTWARE TECHNOLOGIES, INC.



Principal Place of Business
1390 TIMBERLAKE MANOR PKWY
CHESTERFIELD MO 63017

Mailing Address
1390 TIMBERLAKE MANOR PKWY
CHESTERFIELD MO 63017

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

43-1768536

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P DAUNOY, NISSIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1390 TIMBERLAKE MANOR PKWY CHESTERFIELD MO	
TITLE NAME	T WILSON, JEFFERY D	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1390 TIMBERLAKE MANOR PKWY CHESTERFIELD MO	
TITLE NAME	CD BAHARAY, DOV	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1390 TIMBERLAKE MANOR PKWY CHESTERFIELD MO	
TITLE NAME	VD O'BRIEN, THOMAS G	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1390 TIMBERLAKE MANOR PKWY CHESTERFIELD MO	
TITLE NAME	D ROSE, ALBERT S	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1390 TIMBERLAKE MANOR PKWY CHESTERFIELD MO	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	PD Thomas G. O'Brien	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1390 Timberlake Manor Parkway Chesterfield, MO 63017	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas G. O'Brien - President

1/29/03

314-212-7000

Date

Daytime Phone #

CR2E034 (10/02)