

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

05-21-2003 90192 046 \*\*\*158.75

**DOCUMENT # F02000003477**

1. Entity Name

**COGSDALE SOFTWARE CORPORATION**



Principal Place of Business

**241 BRACKLEY POINT ROAD  
CHARLOTTETOWN PEI CANADA C1A -9E7**

Mailing Address

**241 BRACKLEY POINT ROAD  
CHARLOTTETOWN PEI CANADA C1A -9E7**

2. Principal Place of Business

**14 MacAleer Drive**

3. Mailing Address

**14 MacAleer Drive**

Suite, Apt. #, etc.

**Suite 5**

Suite, Apt. #, etc.

**Suite 5**

City & State

**Charlottetown, PEI**

City & State

**Charlottetown, PE**

Zip

Country

**C1E 2A1 CANADA**

Zip

Country

**C1E 2A1 CANADA**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**98-0363498**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SHIPPY, DAREN L  
2548 BLAIRSTONE PINES DRIVE  
TALLAHASSEE FL 32301**

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 reinstating)

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

TITLE **DP** ☐ Delete  
NAME **PERRY, DAVID**  
STREET ADDRESS **134 TARTON DRIVE**  
CITY-ST-ZIP **NEPEAN, ONTARIO K2J -3S6**

TITLE **VC** ☐ Delete  
NAME **SHAW, DUNCAN**  
STREET ADDRESS **848 LAURIER DRIVE**  
CITY-ST-ZIP **LASALLE, ONTARIO**

TITLE **DCEO** ☐ Delete  
NAME **SIKIC, ZELJKO**  
STREET ADDRESS **7454 BLACK WALNUT TRAIL**  
CITY-ST-ZIP **MISSISSAUGA, ONTARIO L5N -8D2**

TITLE **T** ☐ Delete  
NAME **GAUDIN, TODD**  
STREET ADDRESS **96 WESTRIDGE CRESCENT**  
CITY-ST-ZIP **CHARLOTTETOWN C1A -6Z2**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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

**TODD GAUDIN**

**April 25/03**

**902-368-8494**

Date

Daytime Phone #

CR2E034 (10/02)