


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2003 8:00 am
Secretary of State

06-05-2003 90126 045 ***150.00

0663375 AT

DOCUMENT # F02000005531	
1. Entity Name RETALIX USA, INC.	

Principal Place of Business 6200 TENNYSON PARKWAY, STE. 150 PLANO TX 75024	Mailing Address 6200 TENNYSON PARKWAY, STE. 150 PLANO TX 75024
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number 75-2946903	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent CT 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 reinstating)	DATE
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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 <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	C SHAKED, BARRY
STREET ADDRESS	10 ZARHIN ST.
CITY-ST-ZIP	RAANANA, ISREAL 43000
TITLE	<input type="checkbox"/> Delete
NAME	VC MOSHIOFF, DANNY
STREET ADDRESS	10 ZARHIN ST.
CITY-ST-ZIP	RAANANA, ISREAL 43000
TITLE	<input type="checkbox"/> Delete
NAME	DS SPIRER, ELI
STREET ADDRESS	6200 TENNYSON PARKWAY, STE. 150
CITY-ST-ZIP	PLANO TX 75024
TITLE	<input checked="" type="checkbox"/> Delete
NAME	D CUMBERLAND, RICK
STREET ADDRESS	6200 TENNYSON PARKWAY, STE. 150
CITY-ST-ZIP	PLANO TX 75024
TITLE	<input type="checkbox"/> Delete
NAME	P YELTON, JEFF
STREET ADDRESS	6200 TENNYSON PARKWAY, STE. 150
CITY-ST-ZIP	PLANO TX 75024
TITLE	<input type="checkbox"/> Delete
NAME	T GELLER, MOSHE
STREET ADDRESS	6200 TENNYSON PARKWAY, STE. 150
CITY-ST-ZIP	PLANO TX 75024

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:	SIGNATURE REQUIRED	469241-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

CR2E034 (10/02)