

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000236

Entity Name: SCRIPTLOGIC CORPORATION

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

6000 BROKEN SOUND PKWY NW
BOCA RATON, FL 33487

New Principal Place of Business:

6000 BROKEN SOUND PKWY NW
2ND FLOOR
BOCA RATON, FL 33487

Current Mailing Address:

6000 BROKEN SOUND PKWY NW
BOCA RATON, FL 33487

New Mailing Address:

6000 BROKEN SOUND PKWY NW
2ND FLOOR
BOCA RATON, FL 33487

FEI Number: 65-1000547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUDGE, JASON
6000 BROKEN SOUND PKWY NW
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

JUDGE, JASON
6000 BROKEN SOUND PKWY NW
2ND FLOOR
BOCA RATON, FL 33487 US

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:

01/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: STYLES, BRIAN
Address: 6000 BROKEN SOUND PKWY NW
City-St-Zip: BOCA RATON, FL 33487

Title: D () Delete
Name: JUDGE, JASON
Address: 6000 BROKEN SOUND PKWY NW
City-St-Zip: BOCA RATON, FL 33487

Title: V () Delete
Name: THOMPSON, LARRY
Address: 6000 BROKEN SOUND PKWY NW
City-St-Zip: BOCA RATON, FL 33487

Title: V () Delete
Name: SMALL, BRIAN
Address: 6000 BROKEN SOUND PKWY W
City-St-Zip: BOCA RATON, FL 33487

Title: V () Delete
Name: BATTLE, BEN
Address: 6000 BROKEN SOUND PKWY NW
City-St-Zip: BOCA RATON, FL 33487

Title: V (X) Delete
Name: THOMAS, RYAN
Address: 6000 BROKEN SOUND PKWY NW
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: LARRY THOMPSON

V

01/09/2006

Electronic Signature of Signing Officer or Director

Date