## 2014 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F10000003207

Entity Name: FOUR RIVERS SOFTWARE SYSTEMS, INC.

FILED Jul 18, 2014 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1501 ARDMORE BLVD., 2ND FLOOR 400 PENN CENTER BLVD., SUITE 450

PITTSBURGH, PA 15221 PITTSBURGH, PA 15235

Current Mailing Address: New Mailing Address:

1501 ARDMORE BLVD., 2ND FLOOR 400 PENN CENTER BLVD., SUITE 450

PITTSBURGH, PA 15221 PITTSBURGH, PA 15235

FEI Number: 25-1630764 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OLSON, LEONARD

623 SID DRIVE

JACKSONVILLE, FL 32218 US

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CURT KREISEL 07/18/2014

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: CPD

Name: WILDE, HENRY F JR

Address: 400 PENN CENTER BLVD., SUITE 450

City-St-Zip: PITTSBURGH, PA 15235

Title: D

Name: DEPAUL, JOHN

Address: 400 PENN CENTER BLVD., SUITE 450

City-St-Zip: PITTSBURGH, PA 15235

Title: D

Name: RALL, CHARLES

Address: 400 PENN CENTER BLVD., SUITE 450

City-St-Zip: PITTSBURGH, PA 15235

Title:

Name: SCULLY, ERIK

Address: 400 PENN CENTER BLVD., SUITE 450

City-St-Zip: PITTSBURGH, PA 15235

Title:

Name: COTICCHIA, GREG

Address: 400 PENN CENTER BLVD., SUITE 450

City-St-Zip: PITTSBURGH, PA 15235

Title: VP

Name: MONGELLUZZO, TRACY

Address: 400 PENN CENTER BLVD., SUITE 450

City-St-Zip: PITTSBURGH, PA 15235

I hereby 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 all other like empowered.

SIGNATURE: HENRY WILDE PRES 07/18/2014