FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUL 12 PM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F35065

1. Corporation Name

Openware Technologies, Inc.

400001536264
-07/12/95--01079--031
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
8000 Arlington Expressway
Suite 600
Jacksonville, FL 32211

Mailing Address

3. Date Incorporated or Qualified: 5/6/81
3a. Date of Last Report: 6/94

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 59-2138426 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Jaime W. Ellertson
82 Street Address (P.O. Box Number is Not Acceptable): 8000 Arlington Expressway
83 Suite 600
84 City: Jacksonville FL 85 Zip Code: 32211

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 7-9-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/D/S	1.1 TITLE	P ☐ Change ☒ Addition
NAME	Jaime Ellertson	1.2 NAME	Tim Payne
STREET ADDRESS	8000 Arlington Expressway Ste.600	1.3 STREET ADDRESS	8000 Arlington Expressway, Ste. 600
CITY-ST-ZIP	Jacksonville, FL 32211	1.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	D	2.1 TITLE	VP ☐ Change ☒ Addition
NAME	Frank Foster, Jr.	2.2 NAME	Eric Block
STREET ADDRESS	8000 Arlington Expressway, Ste. 600	2.3 STREET ADDRESS	8000 Arlington Expressway, Ste. 600
CITY-ST-ZIP	Jacksonville, FL 32211	2.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	D	3.1 TITLE	VP ☐ Change ☒ Addition
NAME	Tom Roberts	3.2 NAME	Ed Ungemach
STREET ADDRESS	8000 Arlington Expressway, Ste. 600	3.3 STREET ADDRESS	8000 Arlington Expressway, Ste. 600
CITY-ST-ZIP	Jacksonville, FL 32211	3.4 CITY-ST-ZIP	Jacksonville, FL 32211 ☐ Change ☐ Addition
TITLE	D	4.1 TITLE	400001536264
NAME	Rowe Stampl	4.2 NAME	-07/12/95--01079--032
STREET ADDRESS	8000 Arlington Expressway, Ste. 600	4.3 STREET ADDRESS	******8.75 ******8.75
CITY-ST-ZIP	Jacksonville,FL 32211	4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	D	5.1 TITLE	
NAME	Nole Kile	5.2 NAME	
STREET ADDRESS	8000 Arlington Expressway, Ste. 600	5.3 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32211	5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	☐ Change ☐ Addition CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7-9-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #