

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000000452 (2)**

1. Corporation Name

SOFTWARE ARTISTRY, INC.



Principal Place of Business

**9449 PRIORITY WAY
WEST DRIVE
INDPLS IN 46240
US**

Mailing Address

**9449 PRIORITY WAY
WEST DRIVE
INDPLS IN 46240
US**

3. Date Incorporated or Qualified
01/28/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

Signature of person submitting this report (Type or print name of person)

Printed Registered Agent signature required when changing agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
PD	WEBBER, SCOTT W	9499 PRIORITY WAY WEST DRIVE	INDIANAPOLIS IN	☐
ST	HEAD, STEPHEN R	9499 PRIORITY WAY WEST DRIVE	INDIANAPOLIS IN	☐
DC	COMPTON, ROBERT	9449 PRIORITY WAY WEST DRIVE	INDIANAPOLIS IN	☐
D	PISCOPO, JOSEPH	9449 PRIORITY WAY WEST DRIVE	INDIANAPOLIS IN	☐
D	OLSON, LAWRENCE W	9449 PRIORITY WAY WEST DRIVE	INDIANAPOLIS IN	☐
D	JERRY BAKER	9449 PRIORITY WAY WEST DRIVE	INDIANAPOLIS IN	☐

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☐ Addition
1				☐	☐
2				☐	☐
3				☐	☐
4				☐	☐
5				☐	☐
6				☐	☐
7				☐	☐
8				☐	☐
9				☐	☐
10				☐	☐
11				☐	☐
12				☐	☐
13				☐	☐
14				☐	☐
15				☐	☐
16				☐	☐
17				☐	☐
18				☐	☐
19				☐	☐
20				☐	☐
21				☐	☐
22				☐	☐
23				☐	☐
24				☐	☐
25				☐	☐
26				☐	☐
27				☐	☐
28				☐	☐
29				☐	☐
30				☐	☐
31				☐	☐
32				☐	☐
33				☐	☐
34				☐	☐
35				☐	☐
36				☐	☐
37				☐	☐
38				☐	☐
39				☐	☐
40				☐	☐
41				☐	☐
42				☐	☐
43				☐	☐
44				☐	☐
45				☐	☐
46				☐	☐
47				☐	☐
48				☐	☐
49				☐	☐
50				☐	☐
51				☐	☐
52				☐	☐
53				☐	☐
54				☐	☐
55				☐	☐
56				☐	☐
57				☐	☐
58				☐	☐
59				☐	☐
60				☐	☐
61				☐	☐
62				☐	☐
63				☐	☐
64				☐	☐
65				☐	☐
66				☐	☐
67				☐	☐
68				☐	☐
69				☐	☐
70				☐	☐
71				☐	☐
72				☐	☐
73				☐	☐
74				☐	☐
75				☐	☐
76				☐	☐
77				☐	☐
78				☐	☐
79				☐	☐
80				☐	☐
81				☐	☐
82				☐	☐
83				☐	☐
84				☐	☐
85				☐	☐
86				☐	☐
87				☐	☐
88				☐	☐
89				☐	☐
90				☐	☐
91				☐	☐
92				☐	☐
93				☐	☐
94				☐	☐
95				☐	☐
96				☐	☐
97				☐	☐
98				☐	☐
99				☐	☐
100				☐	☐

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 changes are on an attachment with an address.

SIGNATURE:

Stephen R. Head

Stephen R. Head, CFO Sec-Treas

1/25/96 317-843-1663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Exhibit Page #

CR2E034 (12/95)