

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **F94000000452 (2)**

1. Corporation Name
SOFTWARE ARTISTRY, INC.



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| Principal Place of Business 9449 PRIORITY WAY WEST DRIVE INDPLS IN 46240 US | Mailing Address 9449 PRIORITY WAY WEST DRIVE INDPLS IN 46240 US |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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| 3. Date Incorporated or Qualified 01/28/1994 | 3a. Date of Last Report 01/30/1996 |
| 4. FEI Number 35-1731589 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324 | |
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|-------------------------------------------------------|-----------------------|
| 10. Name and Address of New Registered Agent | |
| 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 607.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEBBER, SCOTT W | 1.2 NAME | |
| STREET ADDRESS | 9499 PRIORITY WAY WEST DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIANAPOLIS IN | 1.4 CITY-ST-ZIP | |
| TITLE | ST <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | Vice President Finance, CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HEAD, STEPHEN R | 2.2 NAME | Thomas E. Vanneman |
| STREET ADDRESS | 9499 PRIORITY WAY WEST DRIVE | 2.3 STREET ADDRESS | 9449 Priority Way West Dr. |
| CITY-ST-ZIP | INDIANAPOLIS IN | 2.4 CITY-ST-ZIP | Indianapolis IN 46240 |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | Sr. Vice President, W.D. Oper. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | COMPTON, ROBERT | 3.2 NAME | Michael S. Robbins |
| STREET ADDRESS | 9449 PRIORITY WAY WEST DRIVE | 3.3 STREET ADDRESS | 9449 Priority Way West Dr. |
| CITY-ST-ZIP | INDIANAPOLIS IN | 3.4 CITY-ST-ZIP | Indianapolis IN 46240 |
| TITLE | DC <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PISCOPO, JOSEPH | 4.2 NAME | |
| STREET ADDRESS | 9449 PRIORITY WAY WEST DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIANAPOLIS IN | 4.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OLSON, LAWRENCE W | 5.2 NAME | |
| STREET ADDRESS | 9449 PRIORITY WAY WEST DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIANAPOLIS IN | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAKER, JERRY | 6.2 NAME | |
| STREET ADDRESS | 9449 PRIORITY WAY W.DR. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIANAPOLIS IN | 6.4 CITY-ST-ZIP | |

14. I do 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 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: Thomas E. Vanneman **SIGNATURE REQUIRED** 4-21-97 317 843-1663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0527594

CR2E034 (9/96)