FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
May 15 1996 8:00 am
Secretary of State

DOCUMENT # F94000001315 (0)

1. Corporation Name

NATIONAL SOFTWARE ASSOCIATES, INC.

Principal Place of Business
1466 MAIN ST.
WALTHAM MA 02254-9018

Mailing Address
1466 MAIN ST.
WALTHAM MA 02254-9018

3. Date Incorporated or Qualified: 03/15/1994
3a. Date of Last Report: 03/16/1995
4. FEI Number: 04-3206480 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 1264 Main St.
22 Suite, Apt. #, etc.
23 City & State: Waltham MA
24 Zip: 02154 25 Country: USA

2a. Mailing Address
26 1466 Main St.
27 Suite, Apt. #, etc.
28 City & State: Waltham MA
29 Zip: 02154 30 Country: usa

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	BONANNO, ANDREW A	
STREET ADDRESS	1466 MAIN ST.	
± CITY-ST-ZIP	WALTHAM MA 02254	
TITLE	VD	☒ DELETE
NAME	MCLEOD, KEVIN	
STREET ADDRESS	1466 MAIN ST.	
CITY-ST-ZIP	WALTHAM MA 02254	
TITLE	T	☒ DELETE
NAME	BANKS, EDWARD W	
STREET ADDRESS	1466 MAIN ST.	
± CITY-ST-ZIP	WALTHAM MA 02254	
TITLE	D	☐ DELETE
NAME	HUGHES, JAMES M	
STREET ADDRESS	1466 MAIN ST.	
CITY-ST-ZIP	WALTHAM MA 02254	
TITLE	D	☐ DELETE
NAME	CECCHINI, ROBERT L	
STREET ADDRESS	1466 MAIN ST.	
CITY-ST-ZIP	WALTHAM MA 02254	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director	☒ Change ☒ Addition
1.2 NAME	Derek E. Dewan	
1.3 STREET ADDRESS	6440 Atlantic Blvd.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32211	
2.1 TITLE	Secretary/Treasurer/Director	☐ Change ☒ Addition
2.2 NAME	Stephen A. Hoffman	
2.3 STREET ADDRESS	6440 Atlantic Blvd.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32211	
3.1 TITLE	Vice President	☒ Change ☒ Addition
3.2 NAME	Robert L. Cecchini	
3.3 STREET ADDRESS	1466 Main St.	
3.4 CITY-ST-ZIP	Waltham, MA 02154	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Robert L. Cecchini 5-6-96 (617) 893-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)