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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F94000001315 (0)**

1. Corporation Name
NATIONAL SOFTWARE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1264 MAIN STREET WALTHAM MA 02154 US	1466 MAIN ST. WALTHAM MA 02154-1623

3. Date Incorporated or Qualified: 03/15/1994
3a. Date of Last Report: 05/15/1996

2. Principal Place of Business
21 1250 Main Street
Suite, Apt. #, etc.
22 Waltham
City & State
23 MA
Zip 24 | Country 25

2a. Mailing Address
26 1466 Main Street
Suite, Apt. #, etc.
27 P.O. BOX 9018
City & State
28 Waltham, MA
Zip 29 02254-9018 | Country 30 USA

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 XX No

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PDC	☒ Change ☐ Addition
NAME	DEWAN, DEREK		1.2 NAME		
STREET ADDRESS	6440 ATLANTIC BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	STD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, STEPHEN		2.2 NAME		
STREET ADDRESS	6440 ATLANTIC BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CECCHINI, ROBERT L		3.2 NAME		
STREET ADDRESS	1466 MAIN STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	WALTHAM MA		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, JAMES M		4.2 NAME		
STREET ADDRESS	1466 MAIN ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	WALTHAM MA 02254		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CECCHINI, ROBERT L		5.2 NAME		
STREET ADDRESS	1466 MAIN ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WALTHAM MA 02254		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	TSD	☐ Change ☒ Addition
NAME			6.2 NAME	MICHAEL D. ABNEY	
STREET ADDRESS			6.3 STREET ADDRESS	AccuStaff, 6440 Atlantic Blvd.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Jacksonville, FL 32211	

CR2E034 (9/96)

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: [signature] V.P. / ROBERT CECCHINI 3/11/97 (617)893-5600