

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000001315 (0)

1. Corporation Name

NATIONAL SOFTWARE ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

Principal Place of Business

Mailing Address

1260 MAIN STREET
WALTHAM MA 02154
US

1466 MAIN STREET
PO BOX 9018
WALTHAM MA 02254-9018
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 177 CROSSWAYS PARK DR

22 City & State

27 City & State

WOODBURY, NY

23 Zip

Country

28 Zip

Country

11797

NASAK

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDC ☐ DELETE

NAME DEWAN, DEREK
STREET ADDRESS 6440 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME One Independent Drive
1.3 STREET ADDRESS Jacksonville, FL 32202
1.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME CECCHINI, ROBERT L
STREET ADDRESS 1466 MAIN STREET
CITY-ST-ZIP WALTHAM MA

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TSD ☐ DELETE

NAME ABNEY, MICHAEL D
STREET ADDRESS ACCUSTAFF, 6440 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME One Independent Drive
3.3 STREET ADDRESS Jacksonville, FL 32202
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME VP
4.3 STREET ADDRESS ROBERT CALABRO
4.4 CITY-ST-ZIP 177 CROSSWAYS PARK DR.
WOODBURY, NY 11797

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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

CR2E034 (10/97)