

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90283 006 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State, DIVISION OF CORPORATIONS
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DOCUMENT # F94000001901
1. Corporation Name
VIASOFT, INC.



Principal Place of Business
3033 N. 44TH ST.
PHOENIX AZ 85018

Mailing Address
3033 N. 44TH ST.
PHOENIX AZ 85018

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/13/1994	
21		26		4. FEI Number 94-2892506	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T 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 607.1508, 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	C	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATTERSON, ARTHUR			1.2 NAME	PATTERSON, ARTHUR		
STREET ADDRESS	3033 N. 44TH ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	PHOENIX AZ			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITEMAN, STEVEN D			2.2 NAME	WHITEMAN, STEVEN D.		
STREET ADDRESS	3033 N. 44TH ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	PHOENIX AZ			2.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HICKEY, KEVIN			3.2 NAME	REARDON, COLIN		
STREET ADDRESS	3033 N. 44TH ST.			3.3 STREET ADDRESS	3033 N. 44th St.		
CITY-ST-ZIP	PHOENIX AZ 85018			3.4 CITY-ST-ZIP	Phoenix, AZ 85018		
TITLE	VS	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARDWICK, CATHERINE			4.2 NAME	KULI, ALEXANDER		
STREET ADDRESS	3033 N. 44TH ST.			4.3 STREET ADDRESS	3033 N. 44th St.		
CITY-ST-ZIP	PHOENIX AZ 85018			4.4 CITY-ST-ZIP	Phoenix, AZ 85018		
TITLE	CFO	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHONAU, MARK R.			5.2 NAME	PARRISH, J. DAVID		
STREET ADDRESS	3033 N 44TH ST			5.3 STREET ADDRESS	3033 N. 44th St.		
CITY-ST-ZIP	PHOENIX AZ			5.4 CITY-ST-ZIP	Phoenix, AZ 85018		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	BARRY, JOHN III		
STREET ADDRESS				6.3 STREET ADDRESS	3033 N. 44th St.		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Phoenix, AZ 85018		

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, with all other like empowered.

SIGNATURE: *Catherine R. Hardwick* **Catherine R. Hardwick** 3/16/99 66021952-0050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2024/11/08