FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED
JUN 20 PM 5:05

DOCUMENT # **F94000006073 (0)***

1. Corporation Name
UNISYS SOFTWARE, INC.

Principal Place of Business	Mailing Address
501 SILVERSIDE ROAD SUITE SEVEN WILMINGTON DE 19809	501 SILVERSIDE ROAD, SUITE SEVEN WILMINGTON DE 19809

JUN - 1 1995

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. FEI Number	Applied For / Not Applicable
21 2000 Glades Road	26 2000 Glades Road	23-2754594	
Suite, Apt. #, etc. 22 212	Suite, Apt. #, etc. 27 212	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Boca Raton, Fl	City & State 28 Boca Raton, Fl	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 33431 Country 25 Palm Bch.	Zip 29 33431 Country 30 Palm Bch.	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

3. Date Incorporated or Qualified	3a. Date of Last Report
10/28/1994	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	BLAINE, JACK A	12 NAME	
STREET ADDRESS	7700 WEST CAMINO REAL	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33433	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE	700001549937 ☐ Change ☐ Addition
NAME	THIEDE, STUART C	22 NAME	-07/25/95--01116--010
STREET ADDRESS	7700 WEST CAMINO REAL	23 STREET ADDRESS	****200.00 ****200.00
CITY-ST-ZIP	BOCA RATON FL 33433	24 CITY-ST-ZIP	
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, RONALD C	32 NAME	
STREET ADDRESS	TOWNSHIP LINE & UNION MEETING ROADS	33 STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA 19424	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	NOLL, PETER S	42 NAME	
STREET ADDRESS	TOWNSHIP LINE & UNION MEETING ROADS	43 STREET ADDRESS	
CITY-ST-ZIP	BLUE BELL PA 19424	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS	X Stuart Thiede	63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

REMITTED BY MAY 1
355
7/20/95

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)(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: Stuart Thiede **Stu Thiede** **4/28/95** **407-750-5861**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474326 FP