

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F95.000001948**
 1. Entity Name
SPECTRA PRECISION SOFTWARE, INC.

FILED
00 SEP 12 PM 5:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
5901 PEACHTREE DUNWOODY RD, NE
SUITE A-300
ATLANTA GA. 30328

2. Principal Place of Business 3. Mailing Address
ATL, GA. **SAME**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
58-1530503 Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM Name
1200 S. PINE ISLAND RD. **CORPORATION SERVICE COMPANY**
PLANTATION, FL 33324 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
 City Tallahassee FL Zip Code 32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 Laura R. Dunlap
 as its agent
 SIGNATURE *Laura R. Dunlap* DATE **9/13/00**
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHIEF EXEC OFFICER CHAIRMAN OF THE BOARD KARL RAMSTROM DAYTON, OH 5475 KELLENBURGER RD. OH Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100003398301--5 -09/19/00--01065--008 ****550.00 ****550.00 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/DIRECTOR CHRIS SHEPARD 5475 KELLENBURGER RD. DAYTON OH 45424 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR HANS GYLESJO 5901 PEACHTREE DUNWOODY RD SUITE A-300, ATLANTA GA 30328 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: *Hans Gylesjo* **HANS GYLESJO** **9-7-00** **770)396-0700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)