

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002764**

1. Corporation Name

HNC Software Inc

2. Principal Office Address

5935 CORNERSTONE CT. W

3. Mailing Office Address

-same-

Subs. Apt. #, etc.

Subs. Apt. #, etc.

City & State

San Diego CA

City & State

Zip

Country

Zip

Country

92121

San Diego

4. Date Incorporated or Qualified To Do Business in Florida

11/196

5. FEI Number

33-0248788

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

REINSTATEMENT 96-01

7. Name and Address of Current Registered Agent

Name

NRAI SERVICES, INC

700004551517--1

Street Address (P.O. Box Number is Not Acceptable)

526 East Park Ave

-08/23/01--01004--012

*****1500.00 ***1900.00**

Subs. Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent

Ed Hand - Asst. Sec

Date: **8/17/01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
OFFICE	NAME	NUMBER & STREET	CITY STATE ZIP
President	John Mutch	P.O. Box 1590	Rancho Sante Fe CA 92067
Secretary	Kenneth J. Saunders	792 Summit Dr	Laguna Beach CA 92651
Treasurer	Kenneth J. Saunders	792 Summit Dr	Laguna Beach CA 92651
Director	Edward K. Chandler	281 West Laurel	Lake Forest IL 60045
Director	Thomas F. Farb	1228 Lowell Rd	Concord MA 01742
Director	Charles H. Gaylord, Jr.	P.O. Box 3292	Rancho Santa Fe CA 92067

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08/23/01 01004 013

*******17.50 *****17.50**

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reasons for dissolution have been addressed, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(b), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Ken Saunders

Date: **8/16/01**

Daytime Phone # **157-546-8877**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR