

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 29 1996 8:00 am
Secretary of State

DOCUMENT # F95000005871 (7)

1. Corporation Name

SUCCESSWARE, INC. OF MISSOURI

Principal Place of Business

11330 ST. JOHN'S PARKWAY
JACKSONVILLE FL 32216

Mailing Address

11330 ST. JOHN'S PARKWAY
JACKSONVILLE FL 32216



| | |
|-------------------------------------|-------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 11330-5 St John's Ind Pkwy | 21 11330-5 St John's Ind Pkwy |
| 22 Suite, Apt. #, etc. | 22 Suite, Apt. #, etc. |
| 23 City & State Jacksonville, FL | 23 City & State Jacksonville, FL |
| 24 Zip 32246 | 24 Zip 32246 |
| 25 Country | 25 Country |

| | |
|---|--------------------------------|
| 3. Date Incorporated or Qualified 12/04/1995 | 3a. Date of Last Report |
| 4. FEI Number 43-1661275 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARVER, TERRI
11330 ST. JOHN'S PARKWAY
JACKSONVILLE FL 32216

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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

Terri Carver
Signature, typed or printed name of registered agent and title if applicable

Terri Carver

(NOTE: Registered Agent signature required when reinstating)

2/21/96
DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|----------------------------|
| TITLE | C | 1.1 TITLE | C |
| NAME | YOUNG, JOHN | 1.2 NAME | Osgood, Dick |
| STREET ADDRESS | 13950 SWITZER | 1.3 STREET ADDRESS | 11330-5 St John's Ind Pkwy |
| CITY-STATE-ZIP | OVERLAND PARK KS 66221 | 1.4 CITY-STATE-ZIP | Jacksonville, FL 32246 |
| TITLE | D | 2.1 TITLE | D |
| NAME | FRANCK, PETER | 2.2 NAME | Young, John |
| STREET ADDRESS | 4908 COSHATT DR. | 2.3 STREET ADDRESS | 13950 SWITZER |
| CITY-STATE-ZIP | BIRMINGHAM AL 35244 | 2.4 CITY-STATE-ZIP | Overland Park, KS 66221 |
| TITLE | DP | 3.1 TITLE | D |
| NAME | OSGOOD, DICK | 3.2 NAME | Cameron, Drew |
| STREET ADDRESS | 11330 ST. JOHN'S PARKWAY | 3.3 STREET ADDRESS | P.O. Box 707 |
| CITY-STATE-ZIP | JACKSONVILLE FL 32216 | 3.4 CITY-STATE-ZIP | CHADDS FORD PA 19317 |
| TITLE | V | 4.1 TITLE | P |
| NAME | STOJEBKA, DEB | 4.2 NAME | Dire Phil |
| STREET ADDRESS | 330 SOUTH MAPLE AVE. | 4.3 STREET ADDRESS | 5155 Clearview DR |
| CITY-STATE-ZIP | WEBSTER GROVES MO 63119 | 4.4 CITY-STATE-ZIP | Buffalo NY 14221 |
| TITLE | S | 5.1 TITLE | |
| NAME | POWELL, ROY | 5.2 NAME | |
| STREET ADDRESS | 14136 IVYGAIL DRIVE NORTH | 5.3 STREET ADDRESS | |
| CITY-STATE-ZIP | JACKSONVILLE FL 32225 | 5.4 CITY-STATE-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-STATE-ZIP | | 6.4 CITY-STATE-ZIP | |

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)(k), 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:

W. Powell - Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96
DATE

904/646-5666
Daytime Phone #

CR2E034 (12/95)