

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005830

1. Entity Name

ENDURA SOFTWARE CORPORATION

Principal Place of Business

2855 S. JAMES DR.
NEW BERLIN WI 53151

Mailing Address

2855 S. JAMES DR.
NEW BERLIN WI 53151

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

91-1303556

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PD
NAME SPLUDE, JOHN W
STREET ADDRESS 2855 S JAMES DR.
CITY-ST-ZIP NEW BERLIN WI 53151 ☐ Delete

TITLE TD
NAME HINES, JOHN C
STREET ADDRESS 2855 S JAMES DR.
CITY-ST-ZIP NEW BERLIN WI 53151 ☐ Delete

TITLE SD
NAME KUHNMUENCH, JOHN R
STREET ADDRESS 2855 S JAMES DR.
CITY-ST-ZIP NEW BERLIN WI 53151 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME John W. Splude
STREET ADDRESS 2855 S. James Drive
CITY-ST-ZIP New Berlin, WI 53151 ☒ Change ☐ Addition

TITLE P
NAME Larry S. Cinpinski
STREET ADDRESS 2855 S. James Drive
CITY-ST-ZIP New Berlin, WI 53151 ☐ Change ☒ Addition

TITLE S/D
NAME Thomas L. Stricker, Jr.
STREET ADDRESS 2855 S. James Drive
CITY-ST-ZIP New Berlin, WI 53151 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas L. Stricker, Jr., Secretary

8/2/00

Date

(262)860-7000

Daytime Phone #

FILED

00 AUG 15 PM 2: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)