2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address

SIGNATURE: _<

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # F97000006281 PROFESSIONAL SOFTWARE ENGINEERING, INC. 03-15-2000 90103 019 ***150.00 Mailing Address Principal Place of Business 477 VIKING DR STE 400 477 VIKING DR STE 400 BUDDOLOM VIRGINIA BEACH VA 23452 VIRGINIÀ BEACH VA 23452-7349 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 54-1318467 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name. ROBERTSON, HERMAN Street Address (P.O. Box Number is Not Acceptable) 1116 MICHIGAN AVE LYNN HAVEN FL-33444 32444 Zip Code 32444 City 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. 3/8/2000 SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change PCD TITLE ☐ Delete TITLE WONG, PAUL K NAME NAME 411 VIKING DRIVE STE. 400 STREET ADDRESS 200 GOLDEN OAK COURT STE 100 STREET ADDRESS VIRCINIA BEACH, VA 23452 CITY-ST-ZIP CITY-ST-7IP VIRGINIA BEACH VA ☐ Delete TITLE TITLE NAME ADOLPHI, MICHAEL D NAME 471 VIKING DRIVE, STE-400 STREET ADDRESS 200 GOLDEN OAK COURT STE 100 STREET ADDRESS BEACH VA 23452 CITY-ST-ZIP CITY-ST-ZIP VIRGINIA BEACH VA ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

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