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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9800000129 1. Entity Name SOLOMON SOFTWARE INTERNATIONAL, INC.				Mar 22, 2000 8:00 am Secretary of State
				03-22-2000 90051 001 ***150.00
Principal Plac	e of Business	Mailing Address		
200 EAST HARDIN STREET FINDLAY OH 45840		3001 TAMAIAMI TRAIL N. STE 212 NAPLES FL 34103-4172		ប្រមុខភេស្សប
2. Principal Place of Business		3. Mailing Address) (4.6) (4.6) (4.6) (4.6) (4.6) (4.6) (4.6) (4.6) (4.6) (4.6) (4.6) (4.6) (4.6) (4.6) (4.6) (4.6) (4.6) (4.6)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City,& State		4. FEI Number 23-2533010 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			Name	.7. Name and Address of New Registered Agent —
HOWELL, JOHN S JR 3001 TAMIAMI TRAIL NORTH - SUITE 212 NAPLES FL 34103			Street Add	ddress (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				
, , ,			!! FEE IS \$150.00 00 Fee will be \$55 le to Department	50.00 Trust Fund Contribution Added to Fees
· · · · · · · · · · · · · · · · · · ·			12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST HOWELL, JOHN S JR 3001 TAMIAMI TRAIL NORTH - SL NAPLES FL 34103	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Change Al Addition Michael S. Rupe 200 E. Hardin Street Findlay Ohio 45840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HARPST, GARY 200 EAST HARDIN STREET FINDLAY OH 45840	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary of Treasurer Change Addition Joseph A. Young 200 E. Hardin Street Findlay Obio 45840
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 1110001	☐ 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	TYTLE 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: