

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000006667

1. Entity Name
ENGINEOUS SOFTWARE, INC.



Principal Place of Business
2000 CENTREGREEN WAY
STE. 100
CARY, NC 27513

Mailing Address
2000 CENTREGREEN WAY
STE. 100
CARY, NC 27513



05132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1771507

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
TONG, SIU'S
2000 CENTREGREEN WAY, STE. 100
CARY, NC 27513

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MASI, ED
2000 CENTREGREEN WAY, STE. 100
CARY, NC 27513

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COST
FICKEN, WADE
2000 CENTREGREEN WAY, STE. 100
CARY, NC 27513

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PLATT, ANDREW
2000 CENTREGREEN WAY, STE. 100
CARY, NC 27513

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, CHARLES
2000 CENTREGREEN WAY, STE. 100
CARY, NC 27513

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HUBERMAN, JON
2000 CENTREGREEN WAY, STE. 100
CARY, NC 27513

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05/16/05-80006-024 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wade Ficken

5/13/05

Date

Daytime Phone #

(919) 677-6700