## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F98000007024

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

FRIENDLY ADVANCED SOFTWARE TECHNOLOGY, INC.



FILED
Mar 18, 2003 8:00 am 8
Secretary of State

03-18-2003 90071 036 \*\*\*150.00

Principal Place of Business 700 VETERANS HIGHWAY SUITE 220 HAUPPAUGE NY 11788		Mailing Address 700 VETERANS HIGHWAY SUITE 220 HAUPPAUGE NY 11788						
2. Principal Place of Business		3. Mailing Address			1 1 <b>00</b> [1 <b>06</b>   11   10   10   10   10   10   10   1	I, <b>00</b> 141 1 <b>06</b> 14 <b>03</b> 410		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 11-3161967		pplied For lot Applicable	]
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Ad	Iditional	1
	6. Name and Address of Currer	nt Registered Agent			7. Name and Address of New Registered	d Agent		1
VOCU TE			Name		· · · · · · · · · · · · · · · · · · ·			-
KOCH, TERRY 225 WEST BUSCH BLVD.			Street Add	dress (P.	O. Box Number is Not Acceptable)			1
TAMPA FL 33112			-					┨
· ·	L 00112							
,			City		F	L Zip Cod	le	1
<ul><li>8. The above</li><li>the obligat</li></ul>	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or re	egistere	d agent, or both, in the State of Florida. I an	n familiar with,	and accept	
SIGNATURE								
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered Agent signature	required w	when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Financing     Trust Fund Contribution.		00 May Be d to Fees	
10.	OFFICERS ANI	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTOR	S IN 11	1
TITLE	CEO	☐ Delete	TITLE			☐ Change	Addition	18
NAME	Brill, Howard   800 W. Mineral Avenue, Sui	TC 050	NAME					5
STREET ADDRESS CITY-ST-ZIP	LITTLETON CO 80120-4501	IE 230	STREET ADDRESS CITY-ST-ZIP					8
TITLE	VPS	C.) Delete	TITLE			☐ Change	☐ Addition	1 6
NAME	ROGERS, BRUCE L		NAME			Onlarigo		2
STREET ADDRESS	1515 ARAPAHOE STREET TOW	ER 1 SUITE 1500	STREET ADDRESS					
CITY-ST-ZIP	DENVER CO 80202		CITY-ST-ZIP					ļ
TITLE NAME	VPAS GWIRTSMAN, CHARLIE R	□ Delete	NAME		بيهيشها للمحاريط وهجا الماريا أداريا أراجا المراجعين	Change	Addition	-
STREET ADDRESS	1515 ARAPAHOE ST TOWER O	NE SUITE 1500	STREET ADDRESS					
CITY-ST-ZIP	DENVER CO 80202		CITY-ST-ZIP					
TITLE	VPAS	☐ Delete	TITLE			☐ Change	Addition	1
NAME	BOCK, CHRISTOPHER J	NE CHITE 4500	NAME					
STREET ADDRESS CITY-ST-ZIP	1515 ARAPAHOE ST TOWER OF DENVER CO 80202	NE SUITE 1500	STREET ADDRESS CITY-ST-ZIP					
TITLE	DENTER OU DUZUZ	□ p.(.).	_			П с	<b>□ A</b> 3220	l
NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME			NAME			-		1

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 1 TO SOCIAL TO THE REQUIRED

1 9/03

Daytime Phone #