

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90207 044 ***150.00

DOCUMENT # F99000004211

1. Entity Name
DALEEN TECHNOLOGIES, INC.



Principal Place of Business
902 CLINT MOORE ROAD
SUITE 230
BOCA RATON FL 33487

Mailing Address
902 CLINT MOORE ROAD
SUITE 230
BOCA RATON FL 33487

90008956



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 **65-0944514**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **DCEO** ☐ Delete
NAME **DALEEN, JAMES**
STREET ADDRESS **902 CLINT MOORE ROAD, SUITE 230**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **D** ☐ Delete
NAME **MEMIROVSKY, OFER**
STREET ADDRESS **ONE FINANCIAL CENTER, 44TH FLOOR**
CITY-ST-ZIP **BOSTON MA 02111**

TITLE **D** ☐ Delete
NAME **GETSY, STEPHEN**
STREET ADDRESS **151 SAWGRASS VILLAGE CIRCLE, #206**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE **CFO** ☐ Delete
NAME **PRAYTHER, JEANNE**
STREET ADDRESS **902 CLINT MOORE ROAD, #230**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **D** ☒ Delete
NAME **CATAFORD, PAUL G**
STREET ADDRESS **1 FIRST FINANCIAL PL, 6TH FL, P.O BOX 150**
CITY-ST-ZIP **TORONTO, ON, CANADA M5X- 1H3**

TITLE **D** ☐ Delete
NAME **FOREMAN, DANIEL**
STREET ADDRESS **208 SOUTH LASALLE STREET, 10TH FLOOR**
CITY-ST-ZIP **CHICAGO IL 60604**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☒ Change ☐ Addition
NAME
STREET ADDRESS **N1607 SHORE HAVEN PARKWAY**
CITY-ST-ZIP **FONTANA, W; 53125**

TITLE **PCEO** ☐ Change ☒ Addition
NAME **GORDON QUICK**
STREET ADDRESS **902 CLINT MOORE ROAD, STE 230**
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **D** ☐ Change ☒ Addition
NAME **JOHN S. MCCARTHY**
STREET ADDRESS **8000 MARYLAND AVENUE, SUITE 1990**
CITY-ST-ZIP **ST. LOUIS, MO. 63105**

TITLE **D** ☐ Change ☒ Addition
NAME **DENNIS G. SISCO**
STREET ADDRESS **126 E. 56th STREET**
CITY-ST-ZIP **NEW YORK, N.Y. 10022**

TITLE **V** ☐ Change ☒ Addition
NAME **DAVID McTANAGHAN**
STREET ADDRESS **902 CLINT MOORE RD, SUITE 230**
CITY-ST-ZIP **BOCA RATON, FL 33487**

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

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 of Paul G. Cataford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/03

561-999-8000

Date

Daytime Phone #

CR2E034 (10/02)