

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004711

1. Entity Name

PLANSOFT CORPORATION

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90343 004 \*\*\*150.00

Principal Place of Business

Mailing Address

8285 DARROW ROAD  
TWINSBURG OH 44087-2307

8285 DARROW ROAD  
TWINSBURG OH 44087-2307

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

31-1573076

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE *Paul S. Nestvold* PLANSOFT CORPORATION.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00.**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME TROMCZYNSKI, EDWARD J  
STREET ADDRESS 8285 DARROW ROAD  
CITY-ST-ZIP TWINSBURG OH 44087-2307

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME DICK, JONATHAN E.  
STREET ADDRESS 5900 LANDERBROOK DRIVE  
CITY-ST-ZIP MAYFIELD HTS, OH 44124

TITLE VS ☒ Delete  
NAME FRANK, THEODORE W  
STREET ADDRESS 8285 DARROW ROAD  
CITY-ST-ZIP TWINSBURG OH 44087-2307

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME MULLEN, PAUL B  
STREET ADDRESS 950 GRIER DRIVE  
CITY-ST-ZIP LAS VEGAS, NV 89919

TITLE T ☐ Delete  
NAME NESTVOLD, PAUL  
STREET ADDRESS 8285 DARROW ROAD  
CITY-ST-ZIP TWINSBURG OH 44087-2307

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME DAVIS, KIMBERLY D.  
STREET ADDRESS 655 MONTGOMERY ST, STE. 1900  
CITY-ST-ZIP SAN FRANCISCO, CA 94111

TITLE CD ☐ Delete  
NAME HARRIS, BRUCE W  
STREET ADDRESS 2500 ENTERPRISE PKWAY, EAST  
CITY-ST-ZIP TWINSBURG OH 44087-2337

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME DOMMER, TONY  
STREET ADDRESS 717 FIFTY AVENUE  
CITY-ST-ZIP NEW YORK, NY 10022

TITLE D ☐ Delete  
NAME HUNT, DAVID K  
STREET ADDRESS 8285 DARROW ROAD  
CITY-ST-ZIP TWINSBURG OH 44087-2307

TITLE DIRECTOR ☐ Change ☒ Addition  
NAME KOLE, JOHN  
STREET ADDRESS 1500 MARKET STREET  
CITY-ST-ZIP PHILADELPHIA, PA 19102

TITLE D ☐ Delete  
NAME CHEFITZ, ROBERT M  
STREET ADDRESS 445 PARK AVENUE, 11TH FLOOR  
CITY-ST-ZIP NEW YORK NY 10022

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

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: *Paul S. Nestvold*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*4-25-00 (330) 405-5555*

CR2E034 (9/99)