

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90015 049 \*\*\*158.75

0124084 AV

**DOCUMENT # F99000005216**

1. Entity Name

CASTLE SOFTWARE, INC.

Principal Place of Business

626 LAYPORT DR  
 SEBASTIAN FL 32958

Mailing Address

626 LAYPORT DR  
 SEBASTIAN FL 32958

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

11-3085835

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

INGUI, MR. WILLIAM  
 626 LAYPORT DR  
 SEBASTIAN FL 32958

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

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, 2002 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: PTDC  
 NAME: INGUI, WILLIAM  
 STREET ADDRESS: 626 LAYPORT DR  
 CITY-ST-ZIP: SEBASTIAN FL 32958  Delete

TITLE: **MANAGER TECHNICAL SERVICES**  
 NAME: **JULIE SANDORFI**  
 STREET ADDRESS: **116 JEFFERSON AVENUE**  
 CITY-ST-ZIP: **PORT JEFFERSON, NY 11777**  Change  Addition

TITLE: D  
 NAME: HERSH, ALICE  
 STREET ADDRESS: 62 CYGNET DR  
 CITY-ST-ZIP: SMITHTOWN NY 11787  Delete

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

TITLE: V  
 NAME: HERSH, STEVE  
 STREET ADDRESS: 62 CYGNET DR  
 CITY-ST-ZIP: SMITHTOWN NY 11787  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

TITLE:   
 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:

*William Ingui*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 7, 2002  
 Date

800-345-7606  
 561-581-0167  
 Daytime Phone #

CR2E084 (9/01)