

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006122

1. Entity Name

SHOWCASE SOFTWARE CORPORATION

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90085 040 ***150.00

Principal Place of Business

Mailing Address

4115 HWY 52 NORTH, SUITE 300
ROCHESTER MN 55901-0144

4115 HWY 52 NORTH, SUITE 300
ROCHESTER MN 55901-0144

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

41-1628214

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HUTCHISON, PAT
155 CRYSTAL DRIVE, SUITE A105
DESTIN FL 32541

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

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 PD
NAME HOLEC, KEN
STREET ADDRESS 1445 BELL OAKS
CITY-ST-ZIP ROCHESTER MN 55901 ☐ Delete

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

TITLE V
NAME OTTERSTATTER, JON
STREET ADDRESS 4112 MANORWOODS CT NW
CITY-ST-ZIP ROCHESTER MN 55901 ☐ Delete

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

TITLE CFOS
NAME ALLEN, CRAIG
STREET ADDRESS 1010 HIGH MEADOW SW
CITY-ST-ZIP ROCHESTER MN 55902 ☐ Delete

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

TITLE D
NAME SEMERAD, DENNIS
STREET ADDRESS 1717 NORTHERN VIOLA LANE NE
CITY-ST-ZIP ROCHESTER MN 55906 ☒ Delete

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

TITLE D
NAME HAQUE, PROMOD
STREET ADDRESS 245 LYTTON AVENUE SUITE 250
CITY-ST-ZIP PALO ALTO CA 94301-1426 ☐ Delete

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

TITLE D
NAME LEWIS, C. M III
STREET ADDRESS 5759 LONG BRAKE CIRCLE
CITY-ST-ZIP EDINA MN 55439 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)