

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90244 004 ***150.00

DOCUMENT # F99000006554



1. Entity Name
KENEXA TECHNOLOGY, INC.

Principal Place of Business
**170 SOUTH WARNER ROAD, SUITE 110
WAYNE PA 19087**

Mailing Address
**170 SOUTH WARNER ROAD, SUITE 110
WAYNE PA 19087**



2. Principal Place of Business
650 EAST SWEDESFORD RD.

3. Mailing Address
650 EAST SWEDESFORD RD

Suite, Apt. #, etc.
2ND FLOOR

Suite, Apt. #, etc.
2ND FLOOR

City & State
WAYNE, PA

City & State
WAYNE, PA

Zip
19087

Country
US

Zip
19087

Country
US

4. FEI Number **23-3024256**

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]*
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**

10. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> Delete
NAME	KARSAN, NOORUDDIN	
STREET ADDRESS	170 SOUTH WARNER ROAD, SUITE 110	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	SCOO	<input type="checkbox"/> Delete
NAME	CLARK, ELIOT	
STREET ADDRESS	170 SOUTH WARNER ROAD, SUITE 110	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	VOLK, DON	
STREET ADDRESS	170 SOUTH WARNER ROAD, SUITE 110	
CITY-ST-ZIP	WAYNE PA 19087	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	650 EAST SWEDESFORD RD, 2ND FLOOR	
CITY-ST-ZIP	WAYNE, PA 19087	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	650 EAST SWEDESFORD RD, 2ND FLOOR	
CITY-ST-ZIP	WAYNE, PA 19087	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	650 EAST SWEDESFORD RD, 2ND FLOOR	
CITY-ST-ZIP	WAYNE, PA 19087	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-03

Date

610-971-9171

Daytime Phone #

CP2E034 (10/02)