

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000006685**1. Entity Name
BLACKBAUD, INC.**FILED**
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90149 007 ***550.00

Principal Place of Business
**4101 BELLE OAKS
CHARLESTON SC 29405-8530**Mailing Address
**4101 BELLE OAKS
CHARLESTON SC 29405-8530****A0079494**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2000 DANIEL ISLAND DRIVE

Suite, Apt. #, etc.

3. Mailing Address

2000 DANIEL ISLAND DRIVE

Suite, Apt. #, etc.

City & State
CHARLESTON SCCity & State
CHARLESTON SC4. FEI Number **11-2617163**Applied For
Not ApplicableZip **29492** Country **USA**Zip **29492** Country **USA**5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NATIONSCORP REGISTERED AGENTS, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE **PC** ☒ Delete
NAME **BAKKER, ANTHONY E**
STREET ADDRESS **4410 BELLE OAKS DRIVE**
CITY-ST-ZIP **CHARLESTON SC 29405-8530**TITLE **WC** ☐ Delete
NAME **THORNHILL, GARY F**
STREET ADDRESS **4401 BELLE OAKS DRIVE**
CITY-ST-ZIP **CHARLESTON SC 29405-8530**TITLE **STD** ☐ Delete
NAME **SMITH, TIMOTHY B**
STREET ADDRESS **4401 BELLE OAKS DRIVE**
CITY-ST-ZIP **CHARLESTON SC 29405-8530**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEO** ☐ Change ☒ Addition
NAME **SHWOLSKI, ROBERT J.**
STREET ADDRESS **2000 DANIEL ISLAND DRIVE**
CITY-ST-ZIP **CHARLESTON, SC 29492**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 19.07(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

9/12/00 843-216-6200

Date

Daytime Phone #

CR2E034 (5/00)