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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H12404** **(0)**

1. Corporation Name
SOFTWARE PRODUCTIVITY SOLUTIONS, INC.

Principal Place of Business	Mailing Address
122 4TH AVENUE INDIALANTIC FL 32903 US	122 4TH AVE ~~122 NORTH 4TH AVENUE~~ INDIATLANTIC FL 32903-3112 US

3. Date Incorporated or Qualified: 07/17/1984
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21	26 122 4th Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Indialantic, FL
Zip 24 / Country 25	Zip 29 32903 / Country 30 U.S.

4. FEI Number: 59-2440972 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DYSON, PETER B. 122 4TH AVE INDIALANTIC FL 32903	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title, if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COMER, EDWARD R.		1.2 NAME		
STREET ADDRESS	1032 CHESTERFIELD CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER SPRINGS FL		1.4 CITY-ST-ZIP		
TITLE	DPT	☐ DELETE	2.1 TITLE	CPT	☒ Change ☐ Addition
NAME	DYSON, PETER B,		2.2 NAME		
STREET ADDRESS	4TH AVE		2.3 STREET ADDRESS	122 Fourth Avenue	
CITY-ST-ZIP	INDIALANTIC FL		2.4 CITY-ST-ZIP	Indialantic, FL 32903	
TITLE	VS	☐ DELETE	3.1 TITLE	DVS	☒ Change ☐ Addition
NAME	RUDMIK, ANDRES		3.2 NAME		
STREET ADDRESS	106 CAT CAY LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN HARBOUR BCH FL		3.4 CITY-ST-ZIP	Indian Harbour Beach, FL 32937	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MICHAELS, ROBERT K., JR.		4.2 NAME		
STREET ADDRESS	1861 CEDAR GLENN DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	DV	☐ Change ☒ Addition
NAME			5.2 NAME	Boyd, Stowe	
STREET ADDRESS			5.3 STREET ADDRESS	11195 Longwood Grove Drive	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Reston, VA 20194	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peter B. Dyson 03/10/97 407-984-3370