2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 19, 2001 8:00 am Secretary of State **DOCUMENT # J53653** 1. Entity Name SYNERGISTIC SOFTWARE SYSTEMS, INC. 03-19-2001 90022 036 ***150.00 Principal Place of Business Mailing Address 442 NORTH 3RD STREET 442 B NORTH THIRD STREET **NEPTUNE BCH FL 32266** SUITE 400 NEPTUNE BEACH FL 32266 LIS 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-2755750 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HOWARD MOTOLAW, INC. 50 N. LAURA STREEET **SUITE 2750** JACKSONVILLE FL 32202 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME WINTRODE, LEE NAME STREET ADDRESS STREET ADDRESS 442 3RD STREET CITY-ST-ZIP CITY-ST-7IP **NEPTUNE BEACH FL 32266** Change ☐ Addition ۷P ☐ Delete TITLE TITLE REED, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 442 3RD STREET CITY-ST-ZIP CITY-ST-ZIP **NEPTUNE BEACH FL 32266** ☐ Change ☐ Addition S Delete TITLE STRENTA, JODI W NAME NAME 442 THIRD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-7IP NEPTUNE BEACH FL 32266 ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

CITY-ST-ZIP