FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # K04277 (5)

1. Corporation Name

CUSTOM TIME & MATERIALS SOFTWARE, INC.

Principal Place of Business
P O BOX 13622
TALLAHASSEE FL 32317-3622

Mailing Address
P O BOX 13622
TALLAHASSEE FL 32317-3622

3. Date Incorporated or Qualified: 11/30/1987
3a. Date of Last Report: 05/24/1995
4. FEI Number: 65-0016438 ☐ 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

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MCINVALE, GEORGE M.
1523-A KILLEARN CTR BLVD
KILLEARN CTR BLVD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: Mc Invale, George M.
82 Street Address (P.O. Box Number is Not Acceptable): 3837-A Killearn Court
83
84 City: Tallahassee FL 85 Zip Code: 32308

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 George M. McInvale, President (Signature, typed or printed name of registered agent and title if applicable) [signature] (NOTE: Registered Agent signature required when reinstating) 5/21/96 DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☑ DELETE
NAME	MCINVALE, GEORGE M.	
STREET ADDRESS	1523-A KILLEARN CTR BLVD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VT	☐ DELETE
NAME	DEBACK, WAYNE B.	
STREET ADDRESS	200-28 AVE E	
CITY-ST-ZIP	BRADENTON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☑ Change ☑ Addition
1.2 NAME	Mc Invale, George M.	
1.3 STREET ADDRESS	3837-A Killearn Court	
1.4 CITY-ST-ZIP	Tallahassee FL 32308	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/21/96 Daytime Phone #: 668-3535