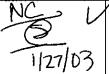
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT DOCUMENT#

1. Entity Name LEDGERPLUS, INC. CFOTOday, Inc



FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90073 030 ***150.00

Principal Place 401 ST FRAN TALLAHASSE	ICIS ST	5	Mailing Address 401 ST FRANCIS ST TALLAHASSEE FL 32301						
2. Principal Place of Business			3. Mailing Address) IDBUILBUI BOD IIINK BOIDK HERRY KERKR FRIK BEDEK BIRKK BERKE BUDIK BUDIK DIDIK KODI	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES	
City & State			City & State				4.	58-1877071 Applied For Not Applicable	
Zip	Zip Country			Zip Cou			5. Certificate of Status Desired \$8.75 Additional Fee Required		
	6. Name	and Address of Current	Register	ed Agent		-	- 7.	. Name and Address of New Registered Agent —	
HARRISON, JOHN I. 401 ST FRANCIS ST TALLAHASSEE FL 32301						Name Street Address (P.O. Box Number is Not Acceptable)			
TALLATIAGGLE TE 32301								FL Zip Code	
	named entity tions of regist		r the purp	pose of changing its	registere	L ed office or re	egistered a	agent, or both, in the State of Florida. I am familiar with, and accept	
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 Trust Fund Contribution. Added to Fees	
					11.	 	A	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HARRISON 401 ST FF TALLAHAS	I, JOHN I ANCIS STREET	<u> </u>	☐ Delete	TITLE NAM STRE			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N, TED E : RANCIS STREET SSEE FL 32301		☐ Delete	1			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				- Delete -			<u></u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3		□ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAMI STRE	:	, , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition	

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: