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FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # L81422 (2)
1. Corporation Name
BARACUDA INTERNATIONAL CORPORATION



Principal Place of Business Mailing Address
% PRENTICE-HALL CORPORATION SYSTEM INC
110 N MAGNOLIA ST
TALLAHASSEE FL 32301
% PRENTICE-HALL CORPORATION SYSTEM INC
110 N MAGNOLIA ST
TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1990

4. FEI Number

65-0207520

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM INC
110 N MAGNOLIA ST
TALLAHASSEE FL 32301

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D ELKINS, HOWARD F
STREET ADDRESS 2867 WYNGATE NE
CITY-ST-ZIP ATLANTA GA

TITLE ☐ DELETE
NAME P MCKITTRICK, CHRIS
STREET ADDRESS 20076 OCEAN KEY DR.
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE
NAME DTS HARDIN, WILLIAM S
STREET ADDRESS 3731 IVY RD NE
CITY-ST-ZIP ATLANTA GA

TITLE ☒ DELETE
NAME VP RICHARD MACNEAL
STREET ADDRESS 2831 NE 33RD STREET
CITY-ST-ZIP LIGHTHOUSE POINT FL

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME Amtmann, James
2.3 STREET ADDRESS 3420 NW 53rd ST
2.4 CITY-ST-ZIP Ft. Lauderdale FL 33309

3.1 TITLE PS ☒ Change ☐ Addition
3.2 NAME Misner, Laurie J
3.3 STREET ADDRESS 3420 N.W. 53rd ST
3.4 CITY-ST-ZIP Ft. Lauderdale FL 33309

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

14. 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 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

CR2E034 (10/97)