SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Jul 29 1996 8:00 am
Secretary of State

DOCUMENT # **L92435** **(1)**

1. Corporation Name

THE ULTIMATE SOFTWARE GROUP, INC.

Principal Place of Business	Mailing Address
3111 STIRLING RD **FT LAUDERDALE FL 33312**	**3111 STIRLING RD** **FT LAUDERDALE FL 33312**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **08/10/1990**
3a. Date of Last Report: **01/30/1995**
4. FEI Number: **65-0215935** ☐ 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

KASKY ROBERT A
3111 STIRLING ROAD
FT LAUDERDALE FL 33312

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHERR, SCOTT		1.2 NAME	
STREET ADDRESS	1740 LAKE SHORE DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHERR, REUBEN		2.2 NAME	
STREET ADDRESS	1300 ST. CHARLES PL		2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROOKE PINES FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, ALAN		3.2 NAME	
STREET ADDRESS	12250 NW 4TH ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL		3.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHERR, SCOTT		4.2 NAME	
STREET ADDRESS	1740 LAKE SHORE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP	
TITLE	VPT	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHERR, REUBEN		5.2 NAME	
STREET ADDRESS	1300 ST CHARLES PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, PAUL		6.2 NAME	
STREET ADDRESS	1624 NEWPORT LANE		6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 7-22-96 954-989-6252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0078168 CR