2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N97000003808

Entity Name: COSHARE, INC.

Current Principal Place of Business:

1719 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1719 MAHAN DRIVE
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-3457740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIOTT, MADONNA F ESQ.
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KAHN, DAVID
Address: 2675 EGRET LN
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: MCKINNEY, MEREDITH
Address: 5950 MILLERS LANDING RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: ELLIOTT, MADONNA F
Address: 660 E JEFFERSON ST
City-St-Zip: TALLAHSSSEE, FL 32301

Title: D ( ) Delete
Name: FREDRICK, JEFFREY R
Address: 1719 MAHAN DR
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEREDITH MCKINNEY D 04/26/2005

Electronic Signature of Signing Officer or Director — Date