2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9900006520 SOFT NETWORK USERS GROUP, INC.

FILED May 28, 2002 8:00 am Secretary of State 05-28-2002 91783 038 ****61.25

STREET ADDRESS CITY-ST-ZIP MOBILE AL 36608 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME Change Addition Addition Addition Addition NAME									ľ					
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SIGNATURE SIGNAT		tate		С	ity & State		<u> </u>			umber 5	9-363682	 2	\rightarrow	
ACREED, DONALD P 975 SIXTH AVENUE SOUTH NAPLES FL 34102 6. The above named ontilly submits this statement for the purpose of changing its registered agent, or both, in the state of Florida. SIGNATURE City FL Zip Code	Zip		Country						5. Certific				\$8.75 A	dditional
REED, DONALD P 975 SIXTH AVENUE SOUTH NAPLES FL 34102 City FL Zip Code 8. 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 FILE NOW: FEE IS \$61.25 9. Election Cempaign Financing Added to Fees Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 UNIV. STATE AUDIESS 1014 STATE AUDIESS 1773 BROADWAY (RT 40) FARGO MD 58123 CITY 51.29 NAME SIREF AUDIESS 1075 - 3.29 CHERSCHEL, SUSAN JUNE MARE SIREF AUDIESS 1079 ST. 280 STATE AUDIESS 1079 ST. 290 STATE AUDIES 1079 ST. 290 STATE AUDIESS 1079 ST.		6. Name a	nd Address of Current	Register	ed Agent				7. Name	and Add	tress of New	v Registered		
SIGNATURE City FL Zip Code				-			Name	•	•	•				
APLES FL 34102 City FL Zip Code 8. 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 SIGNATURE			UTH .				Street A	ddress (P	O. Box Nu	mber is	Not Accepta	ble)		
A. 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			J.,,							<u>-</u>				
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SIGNATURE Signature troad or primed name of registered Agent and title if applicable. (NOTE Registered Agent signature required whom reliabiliting) DATE	8. The above	ve named entity s	ubmits this statement fo	r the purp	ose of changing	ts register	ed office or	registere	d agent, or	both, in	the state of I	Florida.		
Trust Fund Contribution. Added to Fees Department of State 10.	SIGNATURE		rinted name of registered agent	and title if app	<u> </u>			ure required w	hen reinstating)		DATE		
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	b	FILE NOW:	, 		9. Election Contract Fund	ampaign F Contribut	inancing ion.				M	lake Check Departmei	Payable	to e
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE DECRETOR OF DIRECTOR OF DIRECTOR

812-276-1260 Daytime Phone #