

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90107 049 ***150.00

DOCUMENT # P00000001529

1. Entity Name

ABACUS SOFTWARE GROUP HOLDINGS, INC.

Principal Place of Business

**121 MIDDLESEX TPX
 SUITE 201
 BURLINGTON MA 01803**

Mailing Address

**C/O H.I.G. CAPITAL LLC
 100 BRICKELL BAY DRIVE 27TH FLOOR
 MIAMI FL 33131**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-3924707

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
 ONE SE THIRD AVENUE 28TH FLOOR
 MIAMI FL 33131-1714**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	FADIA, PRASHANT	
STREET ADDRESS	6805 CLUB RIDGE CIRCLE	
CITY-ST-ZIP	MEMPHIS TN 38115	
TITLE	D	☐ Delete
NAME	BERMAN, DOUGLAS	
STREET ADDRESS	100 BRICKELL BAY DRIVE, 27TH FL	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	CFO	☐ Delete
NAME	JAROSZ, JOSEPH	
STREET ADDRESS	13 MEADOWSWEET RD	
CITY-ST-ZIP	WEST NEWBURY MA 01985	
TITLE	VP	☐ Delete
NAME	SHAH, BHAVESH	
STREET ADDRESS	57 LAMPLIGHER LANE	
CITY-ST-ZIP	NORTH CHELMSFORD MA 01863	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Jarosz 1/24/02 781-273-0001
 Date Daytime Phone #

CR2E034 (9/01)