

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 10, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90034 017 \*\*\*150.00

DOCUMENT # P000000023499  
1. Entity Name  
WALSHWARE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
965 LAKERIDGE DR  
Suite, Apt. #, etc.

3. Mailing Address  
965 LAKERIDGE DR  
Suite, Apt. #, etc.

City & State  
ORANGE PARK, FL  
Zip  
32065  
Country

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ORANGE PARK, FL  
Zip  
32065  
Country

4. FEI Number  
59-3628642  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
BONNIE L. WALSH

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

City  
ORANGE PARK FL Zip Code  
32065

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 reinsuring) DATE \_\_\_\_\_

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CHIEF INFORMATION OFFICER  
MICHAEL F. WALSH  
965 LAKERIDGE DR  
ORANGE PARK, FL 32065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/02 904-272-5868  
Date Daytime Phone #

CR2E034B (12/01)