

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137195

Entity Name: RELAY SOFTWARE, INC.

FILED
Apr 07, 2008
Secretary of State

Current Principal Place of Business:

1650 SUMMIT LAKE DRIVE
SUITE 101E
TALLAHASSEE, FL 32317

Current Mailing Address:

P.O. BOX 13267
TALLAHASSEE, FL 32317

New Principal Place of Business:

1650 SUMMIT LAKE DRIVE
SUITE 1015
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 27-0072017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWEN, LEONARD
1650 SUMMIT LAKE DR
SUITE 101E
TALLAHASSEE, FL 32317 US

Name and Address of New Registered Agent:

BOWEN, LEONARD
1650 SUMMIT LAKE DR
SUITE 1015
TALLAHASSEE, FL 32317 US

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:

04/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BOWEN, LEONARD A
Address: 1650 SUMMIT LAKE DRIVE SUITE E
City-St-Zip: TALLAHASSEE, FL 32317

Title: P () Delete
Name: SCHIMPF, SCOTT A
Address: 1650 SUMMIT LAKE DRIVE SUITE E
City-St-Zip: TALLAHASSEE, FL 32317

Title: S () Delete
Name: CROSS, JAMES R
Address: 1650 SUMMIT LAKE DR SUITE E
City-St-Zip: TALLAHASSEE, FL 32317

Title: T (X) Delete
Name: VIELE, JOHN P
Address: 1650 SUMMIT LAKE DR SUITE E
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: BOWEN, LEONARD A
Address: 1650 SUMMIT LAKE DRIVE SUITE 1015
City-St-Zip: TALLAHASSEE, FL 32317

Title: P (X) Change () Addition
Name: SCHIMPF, SCOTT A
Address: 1650 SUMMIT LAKE DRIVE SUITE 1015
City-St-Zip: TALLAHASSEE, FL 32317

Title: S,T (X) Change () Addition
Name: CROSS, JAMES R
Address: 1650 SUMMIT LAKE DR SUITE E
City-St-Zip: TALLAHASSEE, FL 32317

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT SCHIMPF

P

04/07/2008

Electronic Signature of Signing Officer or Director

Date