2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000034389

Entity Name: ENGAGE ERP, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: ONE INDEPENDENT DRIVE ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 SUITE 800 JACKSONVILLE, FL 32202 **Current Mailing Address: New Mailing Address:** ONE INDEPENDENT DRIVE ONE INDEPENDENT DRIVE JACKSONVILLE, FL 32202 SUITE 800 JACKSONVILLE, FL 32202 FEI Number: 26-2326250 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: CEOD (X) Change () Addition PAYNE, TIMOTHY D PAYNE, TIMOTHY D CEOD Name: Name: ONE INDEPENDENT DRIVE ONE INDEPENDENT DRIVE Address: Address: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: Title: (X) Change () Addition Title: () Delete Name: CROUCH, ROBERT P Name: CROUCH, ROBERT P VPTD ONE INDEPENDENT DRIVE ONE INDEPENDENT DRIVE Address: Address: JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete ASD TUTOR, TYRA H TUTOR, TYRA H ASD Name: Name: ONE INDEPENDENT DRIVE ONE INDEPENDENT DRIVE Address Address: City-St-Zip: JACKSONVILLE, FL 32202 City-St-Zip: JACKSONVILLE, FL 32202 Title: () Delete Title: **VPS** () Change (X) Addition HOLLAND, GREGORY D VPS Name: Name: Address: Address: ONE INDEPENDENT DRIVE City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 Title: Title: () Change (X) Addition () Delete ROBINSON, GERALD G VPT Name: Name: Address: Address: ONE INDEPENDENT DRIVE, SUITE 800 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 Title: () Delete Title: () Change (X) Addition CULLEN, JOHN P P Name: Name: 14401 SWEITZER LAND Address: Address: City-St-Zip: City-St-Zip: LAUREL, MD 20707

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: GERALD ROBINSON VPT 04/28/2009