2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 13, 2001 8:00 am **DOCUMENT # P13808** Secretary of State 1. Entity Name COOPERATIVE COMPUTING, INC. 02-13-2001 90606 017 ***150.00 Principal Place of Business Mailing Address 6207 BEE CAVE RD 6207 BEE CAVE ROAD AUSTIN TX 98746-5146 Austin TX 78746 3. Mailing Address 2. Principal Place of Business LAS CIMAS PRWY LAS CIMAS Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 94-2160013 Not Applicable STIN Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Ò Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PC CED ☐ Addition TITLE ☐ Delete TITLE STAATS, ELENNE. STAATS, GLENN E NAME NAME 2311 ISLAND WIND RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **AUSTIN TX 78733** $\overline{\alpha}$ PRESIDENT Addition ☐ Change Delete TITLE TITLE MICHAEL A. AVILES STAATS, PRESTON NAME SOU LAS CLIMAS DELLY STEDOO 5200 GREEN FALLS CT STREET ADDRESS STREET ADDRESS **AUSTIN TX 78746** CITY-ST-ZIP HUSTUN CITY-ST-ZIP CAO **Addition** VPC: 5r. V. P. ☐ Change TITLE Delete TITLE PHUL STONE HALE, MATTHEW, NAME NAME-BOLT LIAS CLIMAS DUWY STE 200 1111 QUAKER RIDGE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AUSTIN TX 78746 **PUSTIN** CITY-ST-ZIP SECRETHRY ☐ Change Addition Addition ☐ Delete TITLE TITLE JOEEPH COLOMNETTA STAATS, GLENN E NAME NAME SOU LAS CIMAS PRWY STE 200 506 CEASHAVEN LN STREET ADDRESS STREET ADDRESS WINDSOR CA 95492 CITY-ST-ZIP AUSTIN TK 78746 CITY-ST-ZIP TITLE CIO ☐ Change **™**Addition TITLE ☐ Delete ED FRIANDLE STAATS, PRESTON W NAME NAME SOU LAS CIMAS ALWY STE 200 STREET ADDRESS 506 CEASHAVEN LN STREET ADDRESS WINDSOR CA 95492 CITY-ST-ZIP CITY-ST-7IP istin 78746 TC ASST. SECRETARY ☐ Change M Addition ☐ Delete TITLE TITLE CHRISTOPHER SPELTZ NAME NAME PKWY STE 200 804 LAS CIMAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP AUSTIN 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: Daytime Phone # SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR