**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 25 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P41005** **(0)**

1. Corporation Name
**EXPERT SOFTWARE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 800 S.W. 37TH AVE., NORTH TOWER, SUITE 355<br>CORAL GABLES FL 33134 | 800 S.W. 37TH AVE., NORTH TOWER, SUITE 355<br>CORAL GABLES FL 33134 |

DO NOT WRITE IN THIS SPACE

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 10/19/1992 | 04/29/1994 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 800 Douglas Road | 26 800 Douglas Road |
| Suite, Apt. #, etc.<br>22 Executive Tower | Suite, Apt. #, etc.<br>27 Executive Tower |
| City & State<br>23 Coral Gables, FL | City & State<br>28 Coral Gables, FL |
| Zip / Country<br>24 33134 / 25 | Zip / Country<br>29 33134 / 30 |

4. FEI Number: 65-0359860 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City **FL** 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | CURRIER, SUSAN | 1.2 NAME | Currier Susan | |
| STREET ADDRESS | 800 S.W. 37TH AVE, #355 | 1.3 STREET ADDRESS | 800 Dogles Rd. Suite 750 | |
| CITY-ST-ZIP | CORAL GABLES FL | 1.4 CITY-ST-ZIP | Coral Gables, FL 33134 | |
| TITLE | SD | 2.1 TITLE | SD | ☒ Change ☐ Addition |
| NAME | CURRIER, KENNETH | 2.2 NAME | Currier, Kenneth | |
| STREET ADDRESS | 800 S.W. 37TH AVE, #355 | 2.3 STREET ADDRESS | 800 Douglas Road, Suite 750 | |
| CITY-ST-ZIP | CORAL GABLES FL | 2.4 CITY-ST-ZIP | Coral Gables, FL 33134 | |
| TITLE | D | 3.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | CONWAY, BRIAN J. | 3.2 NAME | Carlston, Douglas | |
| STREET ADDRESS | 45 MILK STREET | 3.3 STREET ADDRESS | 500 Redwood Blvd. | |
| CITY-ST-ZIP | BOSTON MA | 3.4 CITY-ST-ZIP | Novato, CA 94948 | |
| TITLE | D | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JOHNSTON, A. BRUCE | 4.2 NAME | | |
| STREET ADDRESS | 45 MILK STREET | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOSTON MA | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | CLEARMAN, STEPHEN J. | 5.2 NAME | | |
| STREET ADDRESS | 2115 LINWOOD AVENUE | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FORT LEE NJ | 5.4 CITY-ST-ZIP | | |
| TITLE | D | 6.1 TITLE | T | ☐ Change ☒ Addition |
| NAME | NOELL, CHARLES | 6.2 NAME | Muccini, Robert | |
| STREET ADDRESS | 119 SAINT PAUL STREET | 6.3 STREET ADDRESS | 800 Douglas Road, Suite 750 | |
| CITY-ST-ZIP | BALTIMORE MD | 6.4 CITY-ST-ZIP | Coral Gables, FL 33134 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** _____ 4/18/95 305-569-1203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0427070 FP