

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90115 038 ***158.75

DOCUMENT # P41005

1. Corporation Name

EXPERT SOFTWARE, INC.



Principal Place of Business

800 DOUGLAS RD
EXECUTIVE TOWER
CORAL GABLES FL 33134
US

Mailing Address

800 DOUGLAS RD
EXECUTIVE TOWER
CORAL GABLES FL 33134
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1992

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME CURRIER, SUSAN
STREET ADDRESS 800 DOUGLAS RD, STE 750
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE SD
NAME CURRIER, KENNETH
STREET ADDRESS 800 DOUGLAS RD, STE 750
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE D
NAME LANE, WILLIAM H
STREET ADDRESS 10695 MAGDALENA
CITY-ST-ZIP LOS ALTOS HILLS CA

☐ DELETE

TITLE D
NAME JOHNSTON, A. BRUCE
STREET ADDRESS 45 MILK STREET
CITY-ST-ZIP BOSTON MA

☒ DELETE

TITLE D
NAME CLEARMAN, STEPHEN J.
STREET ADDRESS 2115 LINWOOD AVENUE
CITY-ST-ZIP FORT LEE NJ

☒ DELETE

TITLE D
NAME NOELL, CHARLES
STREET ADDRESS 119 SAINT PAUL STREET
CITY-ST-ZIP BALTIMORE MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 802 DOUGLAS ROAD, 6TH FLOOR
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 802 DOUGLAS ROAD, 6TH FLOOR
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 120 LOCUST AVENUE
5.4 CITY-ST-ZIP SAN RAFAEL, CA 94901

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS 120 SEQUOIA
6.4 CITY-ST-ZIP SAN ANSELMO, CA 94960

14. 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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH P. CURRIER

1/12/99

305-567-9990

Date

Daytime Phone #

CR2E034 (1/98)