FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P93000022805 (4)

1. Corporation Name

PERIAN, INCORPORATED

Principal Place of Business

~~PO BOX 693~~
~~NEW CARLISLE IN 46559~~
~~US~~

Mailing Address

~~PO BOX 693~~
~~NEW CARLISLE IN 46559~~
~~US~~

3. Date Incorporated or Qualified: **03/26/1993**

3a. Date of Last Report: **02/28/1995**

4. FEI Number: **65-0411041** — 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

2. Principal Place of Business

21 2416 ST. DAVID'S ISL CT.
Suite, Apt. #, etc.
22 NA
City & State
23 PUNTA GORDA, FL
Zip 24 33950 Country 25

2a. Mailing Address

26
Suite, Apt. #, etc. 27 SAME
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

RUSSELL, W. KEVIN
18501 MURDOCK CIRCLE
6TH FLOOR
PORT CHARLOTTE FL 33948

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 607.0122 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

12. OFFICERS AND DIRECTORS

TITLE	D ☐ DELETE
NAME	~~HIDEN, MATT O~~
STREET ADDRESS	2416 ST DAVID'S ISLAND COURT
CITY, ST, ZIP	PUNTA GORDA FL 33950
TITLE	D ☐ DELETE
NAME	STROEMQVIST, JAN
STREET ADDRESS	9705 N. 118TH STREET, #7
CITY, ST, ZIP	OVERLAND PARK KS
TITLE	D ☐ DELETE
NAME	STROEMQVIST, PER
STREET ADDRESS	9705 N. 118TH STREET, #7
CITY, ST, ZIP	OVERLAND PARK KS
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	NAME CHANGE: ☐ Change ☐ Addition
1. NAME	MATT W. H. CLIDEN NOW SCHNARZENBERG
1. STREET ADDRESS	
1. CITY, ST, ZIP	
2. TITLE	☐ Change ☐ Addition
2. NAME	
2. STREET ADDRESS	OK
2. CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3. NAME	
3. STREET ADDRESS	OK
3. CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4. NAME	
4. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5. NAME	
5. STREET ADDRESS	
5. CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6. NAME	
6. STREET ADDRESS	
6. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is valid, furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 above, or on an attached sheet with its address.

SIGNATURE: 2/27/96 941/639-7012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

M. CLIDEN Pres.

CR2E034 (12/95)