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 # **P93000043841 (4)**

1. Corporation Name

NORTHERN LIGHTS SOFTWARE, INC.

Principal Place of Business

~~2301 PARK AVE~~
~~SUITE 402~~
~~ORANGE PARK FL 32073~~

Mailing Address

~~2301 PARK AVE~~
~~SUITE 402~~
~~ORANGE PARK FL 32073~~

3. Date Incorporated or Qualified: **06/16/1993**

3a. Date of Last Report: **06/21/1995**

4. FEI Number: **59-3189098** ☐ 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 1700 Wells Rd
Suite, Apt. #, etc.
22 #22
City & State
23 Orange Park, Florida
Zip
24 32073
Country
25 U.S.A.

2a. Mailing Address
26 1700 Wells Rd
Suite, Apt. #, etc.
27 #22
City & State
28 Orange Park, FL.
Zip
29 32073
Country
30 U.S.A.

9. Name and Address of Current Registered Agent

~~DUVAL, STEPHEN J~~
~~2301 PARK AVE~~
~~SUITE 402~~
~~ORANGE PARK FL 32073~~

10. Name and Address of New Registered Agent

81 Name Bernie Emsley
82 Street Address (P.O. Box Number is Not Acceptable) 1700 Wells Rd.
83 #22
84 City Orange Park **FL** 85 Zip Code 32073

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

12. OFFICERS AND DIRECTORS

TITLE	VP	☐ DELETE
NAME	EMSLEY, BERNIE	
STREET ADDRESS	8429 FIRT FLY LANE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	~~P~~	☒ DELETE
NAME	~~DUVAL, STEPHEN J~~	
STREET ADDRESS	~~2301 PARK AVE #402~~	
CITY-ST-ZIP	~~ORANGE PK FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	Emsley, Bernie	
1.3 STREET ADDRESS	8429 Fire Fly LANE	
1.4 CITY-ST-ZIP	Jacksonville, FL. 32244	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	300001825373	
4.3 STREET ADDRESS	-05/16/96--01114--0[illegible]	
4.4 CITY-ST-ZIP	***200.00 10	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

5/1/96

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)(k), 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: [signature] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/22/96 Date

(904) 278-7076 Daytime Phone #

CR2E034 (12/95)