

2-21-95 B-1345-C
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:00

DOCUMENT # P93000056889 (7)

1. Corporation Name

ARGENT SOFTWARE TECHNOLOGIES, INC.

Principal Place of Business

Mailing Address

8875 HIDDEN RIVER PARKWAY
SUITE 300
TAMPA FL 33637

C/O TABOR AND GUARD, P.C.
12152 TESSON FERRY RD.
ST. LOUIS MO 63128-1726
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

02/28/1994

2. Principal Place of Business

2a. Mailing Address

21 3001 N. Rocky Point Dr. East

4. FEI Number

59-3194317

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 200

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 Tampa FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33607

25 USA

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

GUARD, PETER J
1205 MEADOWCREST DR.
VALRICO FL 33594

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 agent, 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 change and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person named as registered agent and the applicant

(If the Registered Agent is a corporation, the signature of the officer or director of the corporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME GUARD, PETER J
STREET ADDRESS 1205 MEADOWCREST DR.
CITY-ST-ZIP VALRICO FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☒ Addition

TITLE ST
NAME GUARD, THOMAS W
STREET ADDRESS 1244 WOODCHASE LANE, APT. E
CITY-ST-ZIP CHESTERFIELD MO

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

1227 Woodchase Lane, Apt C.
Chesterfield mo 63017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/95

813-681-2277