

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 # P93000056889 (7)

1. Corporation Name

ARGENT SOFTWARE TECHNOLOGIES, INC.



Principal Place of Business

3001 N ROCKY POINT DR EAST
SUITE 200
TAMPA FL 33607
US

Mailing Address

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

3. Date Incorporated or Qualified

08/09/1993

3a. Date of Last Report

02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

15210 Amberly Dr
631
Tampa FL
33647

USA

4. FEI Number

59-3194317

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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 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 that it applies to: (N.E.E. Required Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☐ DELETE

ST
NAME
GUARD, THOMAS W
STREET ADDRESS
1227 WOODCHASE LANE APT C
CITY-ST-ZIP
CHESTERFIELD MO

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

1. TITLE

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2. TITLE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3. TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4. TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5. TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6. TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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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:

Thomas W. Guard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-96

DATE

Daytime Phone #

CR2E034 (12/95)