SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P93000072598 (4)**

1. Corporation Name

PERFORMANCE SYSTEM SOFTWARE, INC.

Principal Place of Business	Mailing Address
2401 WEST BAY DRIVE SUITE 415 LARGO FL 34640 US	2401 WESTBAY DRIVE SUITE 415 LARGO FL 34640 US

3. Date Incorporated or Qualified: 10/18/1993
3a. Date of Last Report: 10/13/1995

2. Principal Place of Business	2a. Mailing Address
21 101 N. GARDEN AVE	26 101 N. GARDEN AVE
Suite, Apt. #, etc 22 230	Suite, Apt. #, etc 27 230
City & State 23 CLEARWATER	City & State 28 CLEARWATER
Zip / Country 24 34615 / 25 PINELLAS	Zip / Country 29 34615 / 30 PINELLAS

4. FEI Number: 59-3205963 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACOBSON, RICHARD A C/O FOWLER AND WHITE 501 EAST KENNEDY BLVD. TAMPA FL 33601	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: _____ DATE: _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	MURICIANO, JO		12 NAME	
STREET ADDRESS	% 116-118 AVE PAUL DOUMER		13 STREET ADDRESS	
CITY-ST-ZIP	92563 RUEIL MALMAISON,FRANCE		14 CITY-ST-ZIP	
TITLE	VTS	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SJOUWERMAN, STU		22 NAME	
STREET ADDRESS	1709 SHERWOOD		23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34615		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added by an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)