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

APPROVED AND FILED
95 JUL 11 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046278 (5)

1. Corporation Name
VECTORWORKS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
480 NO. WILLIAMS AVENUE BLDG. 10 TITUSVILLE FL 32796	480 NO. WILLIAMS AVENUE BLDG. 10 TITUSVILLE FL 32796

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/13/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 488 B GUS HIPP BLVD
22: Suite, Apt. #, etc.
23: City & State: Rockledge, FL
24: Zip: 32955
25: Country: USA

2a. Mailing Address
26: P.O. Box 5825
27: Suite, Apt. #, etc.
28: City & State: Titusville FL
29: Zip: 32783
30: Country: USA

4. FEI Number: 59-3261233 ☐ 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

GRAY, JEFFREY
480 NO. WILLIAMS AVENUE BLDG. 10
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent

81 Name: GRAY, JEFFREY
82 Street Address (P.O. Box Number is Not Acceptable)
83: 4787 SISSON RD.
84 City: Titusville FL 85 Zip Code: 32780

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	PD	1.1 TITLE	STD	☒ Change ☐ Addition
NAME	GRAY, JEFFREY	1.2 NAME	GRAY, JEFFREY W.	
STREET ADDRESS	4787 SISSON ROAD	1.3 STREET ADDRESS	4787 SISSON RD	
CITY-ST-ZIP	TITUSVILLE FL 32783	1.4 CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	BORIS, MARC	2.2 NAME	BORIS, MARC A.	
STREET ADDRESS	311 RACHELLE AVENUE STE. 832	2.3 STREET ADDRESS	440 BACARDI DR	
CITY-ST-ZIP	SANFORD FL 32771	2.4 CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	STD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	NAROTH, GLEN	3.2 NAME	NAROTH GLEN A.	
STREET ADDRESS	1007 REGALIA DRIVE	3.3 STREET ADDRESS	1007 REGALIA DR	
CITY-ST-ZIP	ROCKLEDGE FL 32955	3.4 CITY-ST-ZIP	ROCKLEDGE FL 32955	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

REMITTED BY MAY 1
$225 7/11/95
A/C Deposited by Bank

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)(i), 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: Jeffrey W Gray Jeffrey W Gray Feb 22, 1995 (407)635 9578
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0416067 FP