


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90022 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000014055					
1. Corporation Name COMPONENT SOFTWARE CORPORATION					
Principal Place of Business 4105 SALTWATER BLVD. TAMPA FL 33615			Mailing Address 4105 SALTWATER BLVD. TAMPA FL 33615		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/20/1995	
21		26		4. FEI Number 59-3301987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip			
24		29			
Country		Country			
25		30			
9. Name and Address of Current Registered Agent WOLFE, LARRY 200-A JOHN KNOX ROAD TALLAHASSEE FL 32303-6643			10. Name and Address of New Registered Agent		
			81 Name STUART, JEFFREY W.		
			82 Street Address (P.O. Box Number is Not Acceptable) 4105 SALTWATER BLVD.		
			83		
			84 City TAMPA FL 33615		
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 <i>Jeffrey W. Stuart</i> JEFFREY W. STUART, PRESIDENT 1/25/99 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE PSTC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME STUART, JEFFREY W.					
1.3 STREET ADDRESS 4105 SALTWATER BLVD.					
1.4 CITY-ST-ZIP TAMPA FL 33615					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Jeffrey W. Stuart* **JEFFREY W. STUART** 1/25/99 813-885-2620
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)