FILED

STEVEN E. SOUDER 1/9/2001 127-579-753

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2001 8:00 am DOCUMENT # P95000035965 Secretary of State 1. Entity Name SES SOFTWARE, INC. 01-22-2001 90029 009 ***150.00 Principal Place of Business Mailing Address 868 25TH AVE. N. 605392 ST PETRSBURG FL 33704 ST PETERSBURG FL 33704 2. Principal Place of Business 3. Mailing Address 30th Ave 794 N P.O. BOX 7070 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE APT. City & State City & State 4. FEI Number Applied For 59-3365019 FL <u>5τ.</u> St. Petersburg FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired u.s 33 u.s. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name SOUDER, JOHN W Street Address (P.O. Box Number is Not Acceptable) 1501 84TH AVE N. ST. PETERSBURG FL 33702 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. SR2E034 (10/00) TITLE ☐ Delete TITLE SOUDER, STEVEN E NAME NAME 194 30th AVE N. APT. 1 STREET ADDRESS STREET ADDRESS 868 25TH AVE N. CITY-ST-ZIP CITY-ST-ZIP ST.PETERSBURG FL 33704 St. Petersburg FL 33764 TITLE ☐ Delete TITLE Addition SOUDER, ESTHER E NAME NAME STREET ADDRESS 1501-84TH STREET N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33702 TITLE ☐ Delete TITLE ☐ Change ** Addition 7 NAME BROWN, KAREN L NAME STREET ADDRESS STREET ADDRESS 1848 LAURENCE COURT CITY-ST-ZIP CITY-ST-7IP CLEARWATER FL TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. PRESIDENT

SIGNING OFFICER OR DIRECTOR