FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUL -2 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000001360

1. Entity Name
POWERCERV CORPORATION

200006335192--6
-07/11/02--01053--013
****158.75 ****158.75

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
400 N. Ashley Drive	400 N. Ashley Drive
Suite, Apt. #, etc.: Suite 2675	Suite, Apt. #, etc.: Suite 2675
City & State: Tampa, Florida	City & State: Tampa, Florida
Zip: 33602 Country: US	Zip: 33602 Country: US

4. FEI Number: 59-3350778 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Marc Fratello

Street Address (P.O. Box Number is Not Acceptable): 400 N. Ashley Drive

Suite 2675

City: Tampa FL Zip Code: 33602

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] 6/27/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 thru [illegible] Fee is $150.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO Marc Fratello 400 N. Ashley Dr., Suite 2675 Tampa, Florida 33602
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO Aria Siplin 400 N. Ashley Dr., Suite 267 Tampa, Florida 33602
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CR2E004B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 6/27/02 (813) 226-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Aria Siplin Chief Financial Officer

7/8/02