

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000008350

FILED
Apr 27, 2002 8:00 AM
Secretary of State

Entity Name: BUSINESS OBJECT DESIGN, INC.

Current Principal Place of Business:

3113 MOHAVE WAY
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

Current Mailing Address:

PMB 331-445 STATE ROAD 13 NORTH #26
JACKSONVILLE, FL 322593838 US

New Mailing Address:

FEI Number: 59-3359071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINGONBLAD, ULF S
331, 445 STATE ROAD 13N
JACKSONVILLE, FL 322596383 US

Name and Address of New Registered Agent:

LINGONBLAD, ULF S
PMB 331-445 STATE ROAD 13 NORTH #26
JACKSONVILLE, FL 322593838 US

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:

04/27/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RIDGDILL, PHILLIP B
Address: 720 OPOSSUM LN
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: LINGONBLAD, LAURA L
Address: 3113 MOHAVE WAY
City-St-Zip: JACKSONVILLE, FL 32259

Title: P () Delete
Name: LINGONBLAD, ULE S
Address: 3113 MAHAVE WAY
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ULF S. LINGONBLAD

P

04/27/2002

Electronic Signature of Signing Officer or Director

Date