

FILED
Mar 23 1998 8:00am
Secretary of State

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
SOFTWARE DYNAMICS, INC.

Mailing Address
3870 GARVIN LAKE DR
PALM BAY FL 32909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/16/1996			
4. FEI Number 59-3371954	<table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For			
Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

REYNOLDS, TIMOTHY A
3870 GARVIN LAKE DR
PALM BAY FL 32909

81	Name	Michael Lombardi
82	Street Address (P.O. Box Number is Not Acceptable)	3785 Laurens Ave
83		
84	City	Vallaria
	FL	
85	Zip Code	32950

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Michael Kombar

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-10-98

DATE

12. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> DELETE
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, TIMOTHY A	
STREET ADDRESS	3870 GARVIN LAKE DR	
CITY - ST - ZIP	PALM BAY FL	<input checked="" type="checkbox"/> DELETE
TITLE	VDI	
NAME	WADE, KAREN I	
STREET ADDRESS	1946 BLUERIDGE TERR	<input type="checkbox"/> DELETE
CITY - ST - ZIP	WEST COLUMBIA SC	
TITLE	VDS	
NAME	LOMBARDI, MICHAEL	<input type="checkbox"/> DELETE
STREET ADDRESS	3785 LAURENS AVE	
CITY - ST - ZIP	VALKARIA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE		
NAME		
STREET ADDRESS		<input type="checkbox"/> DELETE
CITY - ST - ZIP		
TITLE		
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY - ST - ZIP		

13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
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	PDSTV	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Michael Lombardi		
3.3 STREET ADDRESS	3785 Laurens Ave		
3.4 CITY - ST - ZIP	Valkaria, Florida 32950		
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.

SIGNATURE:

Michael Lamb. Michael Lamb d. 3-10-98 512-238-7651

CR2E034 (10/97)