

PROFIT CORPORATION  
ANNUAL REPORT  
2001



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

FILED

01 APR -6 AM 11:59

DOCUMENT # P960000031254

1. Corporation Name

COLONIAL SOFTWARE SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/09/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		65-0707760		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		6. Election Campaign Financing		<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> Personal Property Tax due June 30.	
24 Country		29 Country		30 Country		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION  
1200 PINE ISLAND RD.  
PLANTATION, FL 33324

B1	Name	B5	Zip Code
B2	Street Address (P.O. Box Number is Not Acceptable)		
B3			
B4	City	FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO/PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT E. LOWDER	1.2 NAME	000003963430-8
STREET ADDRESS	ONE COMMERCE ST., MONTGOMERY, AL	1.3 STREET ADDRESS	-04/09/01--01004--021
CITY-ST-ZIP	36104	1.4 CITY-ST-ZIP	****900.00 ****150.00
TITLE	CHIEF FINANCIAL OFFICER <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAKE OAKLEY	2.2 NAME	
STREET ADDRESS	ONE COMMERCE ST., MONTGOMERY, AL	2.3 STREET ADDRESS	
CITY-ST-ZIP	36104	2.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT- TAX <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID REIMER	3.2 NAME	
STREET ADDRESS	ONE COMMERCE ST., MONTGOMERY, AL	3.3 STREET ADDRESS	
CITY-ST-ZIP	36104	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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(9)(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 \_\_\_\_\_ 3/9/01