

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 07, 2001 08:00 AM**
Secretary of State**DOCUMENT # P96000085428**1. Entity Name
WILLIAMS SOFTWARE, INC.

Principal Place of Business	Mailing Address
2300 CORPORATE BLVD	20423 STATE RD 7
S/141	PMB 309
BOCA RATON FL	BOCA RATON FL
33431	33498 US

2. Principal Place of Business
1350 E. NEWPORT CENTER DRIVE

3. Mailing Address

Suite, Apt. #, etc.
S/206

Suite, Apt. #, etc.

City & State
DEERFIELD BEACH FL

City & State

Zip Country
33442

Zip Country

4. FEI Number
65-0708326Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DELISI WILLIAM J
20423 STATE RD 7
PMB 309
BOCA RATON FL
33498 US

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____ 08/07/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME REIBLING LORENZ
STREET ADDRESS 1350 E. NEWPORT CENTER DRIVE
CITY-ST-ZIP DEERFIELD BEACH FL 33442TITLE DSV ☒ Delete
NAME RIPPEN MARC
STREET ADDRESS 9880 ROBINS NEST ROAD
CITY-ST-ZIP BOCA RATON FL 33496TITLE DP ☐ Delete
NAME DELISI WILLIAM J
STREET ADDRESS 20423 STATE RD 7, #309
CITY-ST-ZIP BOCA RATON FL 33498TITLE DTC ☐ Delete
NAME BAKER JAMES
STREET ADDRESS PO BOX 812286
CITY-ST-ZIP BOCA RATON FL 33481TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE DS ☒ Change ☐ Addition
NAME SMITH DAVID
STREET ADDRESS 7 TRINITY ROAD
CITY-ST-ZIP MARBLEHEAD MA 01945TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: DAVID SMITH

DS

08/07/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)