

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90077 014 ***158.75

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|---|---|
| DOCUMENT # P97000091652 1. Entity Name HOSPITALITY SOFTWARE DEVELOPERS, INC. |  |
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|---|---|
| Principal Place of Business 7380 SAND LAKE ROAD SUITE 600 ORLANDO, FL 32819 US | Mailing Address 7380 SAND LAKE ROAD SUITE 600 ORLANDO, FL 32819 US |
|---|---|

DO NOT WRITE IN THIS SPACE



04122004 No Chg-P CR2E034 (10/03)

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-3474877 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE, FL 32301 |
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COLLELO, BRUCE 7380 SAND LAKE RD., SUITE 600 ORLANDO, FL 32819 |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce L. Collelo Bruce Collelo, President 4/14/04 407-226-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #