2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

an address, with all other

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER C

FILED DOCUMENT # P98000016942 Feb 28, 2000 8:00 am 1. Entity Name **Secretary of State** SOFTWARE ASSOCIATES INTERNATIONAL, INC. 02-28-2000 90179 028 ***150.00 Principal Place of Business Mailing Address 501 116TH AVENUE N., #300 501 116TH AVENUE N.. #300 ST. PETERSBURG FL 33716-2732 ST. PETERSBURG FL 33716 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3500309 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHAMARTHY, MANIK R Street Address (P.O. Box Number is Not Acceptable) 501 116TH AVENUE N., #300 ST. PETERSBURG FL 33716 Zip Code Fl 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition □ Defete TITLE TITLE CHAMARTHY, MANIK NAME STREET ADDRESS STREET ADDRESS 501 116TH AVE N #300 CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33716 Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change T Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 in Block 12

<u>k</u> 11 or Block 12 if