

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

01-02

DOCUMENT # P98000016942  
1. Entity Name  
SOFTWARE ASSOCIATES INTERNATIONAL, INC.

FILED

02 JUL -2 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
4310 ALDON COURT  
Suite, Apt. #, etc.

3. Mailing Address  
4310 ALDON CT.  
Suite, Apt. #, etc.  
P

DO NOT WRITE IN THIS SPACE

City & State  
PALM HARBOR, FL

City & State  
PALM HARBOR, FL

Zip  
34685 Country  
USA

Zip  
34685 Country  
USA

4. FEI Number 59-3500309 Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name MANIK CHAMARTHY

Street Address (P.O. Box Number is Not Acceptable)  
4310 ALDON COURT

City PALM HARBOR FL Zip Code 34685

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

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>CHAMARTHY, MANIK</u> <u>4310 ALDON COURT</u> <u>PALM HARBOR FL 34685</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>600006274266--7</u> <u>-07/09/02--01044--001</u> <u>***300.00 ***300.00</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Manik Chamrthy 4-10-2002 (727) 243 6804  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Attachment  
DOC#

**Software Associates International, Inc.**

4310 Aldon Court  
Palm Harbor FL 34685

Tel: (727) 243 6804

April 10, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee FL 32302-1500

Re: Change of address notification

Gentlemen/Madam:

Enclosed please find the UBR along with a check for \$150.00. I did not receive any correspondence from your office and I just wanted to make sure that you have my correct address on your file.

My current address is:

**Software Associates International, Inc.**

4310 Aldon Court  
Palm Harbor FL 34685

Please update your records and send all future correspondence to my address shown above.

Thank you,  
Sincerely yours,



Manik Chamrathy  
President