

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jul 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S74264(0)

1. Corporation Name

TEMPUS SOFTWARE, INC.

Principal Place of Business

225 Water Street
Suite 2250
Jacksonville, FL 32202
US

Mailing Address

225 Water Street
Suite 2250
Jacksonville, FL 32202-
US 5155

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

08/19/1991

4. FEI Number
59-3085204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DRAUGHON, RICHARD SCOTT
200 WEST FORSYTH STREET, SUITE 1730
JACKSONVILLE, FLORIDA 32202

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	HAYES, DAVID W.	
STREET ADDRESS	225 WATER STREET, SUITE 2250	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, BROOKS	
STREET ADDRESS	225 WATER STREET, SUITE 2250	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	<input type="checkbox"/> DELETE
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	SAFFER, KEVIN	
STREET ADDRESS	225 WATER STREET, SUITE 2250	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> DELETE
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOVSOVITZ, LARRY	
STREET ADDRESS	225 WATER STREET, SUITE 2250	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	<input checked="" type="checkbox"/> DELETE
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, ALAN	
STREET ADDRESS	225 WATER STREET, SUITE 2250	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	<input type="checkbox"/> DELETE
TITLE	D	<input type="checkbox"/> DELETE
NAME	WISE, STEVE	
STREET ADDRESS	225 WATER STREET, SUITE 2250	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D LOMBARDI, CARL
4.3 STREET ADDRESS	225 WATER STREET, SUITE 2250
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32202
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	400002581134
6.3 STREET ADDRESS	-07/07/98--01010--036
6.4 CITY-ST-ZIP	***550.00

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature-Printed #

CR2E034 (10/97)