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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90194 033 ***150.00

DOCUMENT # S74264 1. Corporation Name

TEMPUS SOFTWARE, INC.

Principal Place of Business Mailing Ad			ailing Address					I SOMITOTO SIL TROLI BIBNO IZOTO BI		B)(4(1)(1	11811 613	.11 01011 1001	
225 WATER ST	REET	225	WATER STREET										
SUITE 2250			SUITE 2250				-	DO NOT WRITE IN THIS SPACE					
JACKSONVILLE FL 32202-5155 JACKSONVILLE FL 32202-5 US US				1155	55			3. Date Incorporated or Qualifed					
03		00					1	08/19/1991					
2. Principal P	Place of Business	2a	. Mailing Address					_4FELNumber		ت نـــــ	- App	lied:For	
21		26						59-3085204			Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\$8.75 Addition						
22		27						J. Oddialio d. California			e Req	•	
City & Stat	te	\vdash	City & State					6. Election Campaign Financing		-		May Be	
23		28	7:_	<u> </u>				Trust Fund Contribution			ded to	rees	
Zip	Country		Zip	Cou	nu y			This corporation owes the curr Personal Property Tax.	rent year int	angible Yes		∑ No	
24	25 9. Name and Address of Curre	29	tared Agent	30				10. Name and Address of New I	Reaistered .		<u> </u>	<u> </u>	
	9. Name and Address of Curre	int Kegis	Hereu Agent		81	Name		i i					
DRA	UGHON, RICHARD SCOTT												
	WEST FORSYTH ST				82	Street A	Addres	s (P.O. Box Number is Not Accept	able)				
	TE 1730				83								
	KSONVILLE FL 32202									las!	7:- 0:		
					84	City			FL	85	Zip Co	ode	
11. Pursuant	to the provisions of Sections 607.05	02 and 6	07.1508, Florida Statut	tes, the at	ove-	-named o	corpora	ation submits this statement for the	purpose of	changir	ng its r	egistered	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	a of Florid	ra: Such change was a	iuthorized	by ti	the corpo	ration'	s board of directors: I hereby acce	pt the appoi	ntment a	as regi	stered	
	mi lamiliai with, and accept the oblig	anono o	, 0000.0 000000,										
-													
SIGNATURE	Signature, typed or printed name of registered ag	ent and title	if applicable. (NOTE		Agent		quired w	then reinstating)	DATE		-		
-	Signature, typed or printed name of registered ag		CTORS		Agent		quired w	then reinstating) ADDITIONS/CHANGES TO OF					
SIGNATURE			<u> </u>	Registered			equired w			ID DIRE		RS IN 12	
SIGNATURE	OFFICERS A DPT HAYES, DAVID W.	ND DIRE	CTORS	Registered	LE		quired w						
SIGNATURE 12. TITLE	OFFICERS A DPT HAYES, DAVID W. 225 WATER STREET STE 225	ND DIRE	CTORS	13. 1.1 TIT 1.2 NA	LE ME		quired w						
SIGNATURE 12. TITLE NAME	OFFICERS A DPT HAYES, DAVID W. 225 WATER STREET STE 225 JACKSONVILLE FL 32202	ND DIRE	ECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	LE ME REET/	t signature re	quired w			☐ Cha	ange	☐ Addition	
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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 suppliements 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 all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZiP