| DOCU 1. Entity Nam | MENT # S7426 SOFTWARE, INC. | | RT (UE | BR) | FILE Aug 29, 200 Secretary 08-29-2001 90018 (| 1 8:00 am of State | 0002170 AV |
|---|---|---|---|-----------------------|--|---------------------------------------|----------------|
| Principal Place of Business 225 WATER STREET SUITE 2250 JACKSONVILLE FL 32202-5155 US | | Mailing Address 225 WATER STREET SUITE 2250 JACKSONVILLE FL 32202-5155 US | | | | | |
| | Place of Business | 3. Mailing Address | | | QQ Q Q Q Q Q Q Q Q Q Q Q | 11 OLUIT OLOIT ALAST OLOIF AIGUS SAAF | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | |
| City & State | | City & State | | 4 | FEI Number 59-3085204 | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5 | . Certificate of Status Desired | \$8.75 Additional Fee Required | 1 |
| | 6. Name and Address of Current F | Registered Agent | blam | | Name and Address of New Registere | d Agent | 1 |
| DRAUGHON, RICHARD SCOTT 200 WEST FORSYTH ST SUITE 1730 | | | Stree | | . Box Number is Not Acceptable) | | - |
| JACKSONVILLE FL 32202 | | | City | | F | Zip Code | 1 |
| 8. The above | named entity submits this statement for | the purpose of changing its | egistered office | or registered | agent, or both, in the State of Florida. | | 1 |
| Tax filing r | Signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOW! After September 12 | | 0.00 be \$750.00 | n reinstating) DATI 10. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| (See criter | ria on back) X | Make Check Payab | le to Departm | | ADDITIONS/CHANGES TO OFFICERS A | | ļ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T SAFFER, KEVIN 225 WATER ST., STE. 2250 JACKSONVILLE FL 32202 | | TITLE NAME STREET ADDRES CITY-ST-ZIP | DC Howa | nd keiler water St. STC.226 cson wille, Fl. 322 | Change Kaddition | CR2E034 (5/01) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | d Brown, Brooks 225 Water Street, Ste 2250 Jacksonville FL 32202 | Relete | TITLE NAME STREET ADDRES CHTY-ST-ZIP | Lama | - Nash Water ST. STe 2250 -sonville, Fl. 30 | Change Kaddition | CH2 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVSP SAFFER, KEVIN 225 WATER STREET STE 2250 JACKSONVILLE FL 32202 | Delete | TITLE NAME STREET ADDRES CITY-ST-ZIP | | D Wattr St. Stc 22 Kson ville, Fl. 3 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Lombardi, Carl 225 Water Street Ste 2250 Jacksonville FL 32202 | Delete | TITLE NAME STREET ADDRES CITY-ST-ZIP | | | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WISE, STEVE 225 WATER STREET STE 2250 JACKSONVILLE FL 32202 | Delete | TITLE NAME STREET ADDRES CITY - ST - ZIP | S | | Change CAddition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | d Harris, Alan 225 Water Street, Ste. 2250 Jacksonville FL 32202 | Delete | TITLE NAME STREET ADDRES CITY - ST - ZIP | 5 | | Change Addition | |
| of the cor | on this report or supplemental report is is poration or the receiver or trustee empoor or on an attachment with an address, w | rue and accurate and that m vered to execute this report a | y signature shal is required by C | I have the sam | n 119.07(3)(i), Florida Statutes. I further c e legal effect as if made under oath; that prida Statutes; and that my name appear | Lam an officer or director | |