

FILED  
Apr 04, 2001 8:00 am  
Secretary of State

04-04-2001 90148 004 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT (UBR)

C0041647

DO NOT WRITE IN THIS SPACE

DOCUMENT # <b>V07921</b> ✓			
1. Entity Name <b>LDH SOFTWARE, INC</b>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3108316</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LANG, HARRY A. 5252 GOLF COURSE DRIVE JACKSONVILLE, FL 32211</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <b>Harry A. Lang</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANG, HARRY A</b>	NAME	
STREET ADDRESS	<b>5252 GOLF COURSE DRIVE</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32211</b>	CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANG, DENISE</b>	NAME	
STREET ADDRESS	<b>P.O. BOX 8070</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32239-8070</b>	CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANCE, ROBERT</b>	NAME	
STREET ADDRESS	<b>P.O. BOX 8070</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32239-8070</b>	CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANG, RUSSELL</b>	NAME	
STREET ADDRESS	<b>P.O. BOX 8070</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32239-8070</b>	CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORREST, STEVEN L.</b>	NAME	
STREET ADDRESS	<b>10161 BROOKWOOD FOREST BLVD</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>JACKSONVILLE, FL 32225</b>	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <b>Steven L Forrest</b>		Date <b>Mar. 15, 2001</b> (904) 398-1319	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (1/00)