2000 UNIFORM BUSINESS REPORT (UBR) \mathtt{FILED} DOCUMENT # **V08226** May 18, 2000 8:00 am Secretary of State 1. Entity Name SOFTWARE ESCROW CORPORATION 05-18-2000 90294 050 ***150.00 Principal Place of Business Mailing Address 200 W FORSYTH ST 200 W. FORSYTH ST. STE 1730 **SUITE 1730** JACKSONVILLE FL 32202 JACKSONVILLE FL 32202-4359 US 2. Principal Place of Business 3. Mailing Address ONE INDEPENDENT DRIVE ONE INDEPENDENT DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 2000 SUITE 2000 City & State City & State 4. FEI Number Applied For 59-3138937 JACKCONVILLE JACKSONVILLE Not Applicable Zip. Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32202 32202 US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DRAUGHON, RICHARD SCOTT Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIVE 200 W. FORSYTH ST. **SUITE 1730** SUITE 2000 JACKSONVILLE FL 32202 City Zip Code 32202 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 DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **DPVS** DPVST Change Addition □ Delete TITLE TITLE DRAUGHON, RICHARD SCOTT DRAUGHON, PICHARD SCOTT NAME ONE INDEPENDENT DRIVE SUITE 2000 STREET ADDRESS 200 W. FORSYTH ST., SUITE 1730 STREET ADDRESS UACKSONVILLE, FL 32202 CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE DRAUGHON, RICHARD S NAME 200 W FORSYTH ST STE 1730 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE --NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME

Is filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the in pplied wit indicated on this report or a of the corporation or the rec changed, or on an attach all other like empo

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RICHARD SCOTT DRAUGHON

4/27/00

(904) 358-3777