2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 24, 2001 08:00 AM V08226 DOCUMENT # 1. Entity Name **Secretary of State** SOFTWARE ESCROW CORPORATION Principal Place of Business Mailing Address ONE INDEPENDENT DRIVE ONE INDEPENDENT DRIVE STE 2000 STE 2000 JACKSONVILLE FL JACKSONVILLE FL32202 32202 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For <u>59-3</u>138937 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRAUGHON RICHARD SCOTT DRAUGHON RICHARD ONE INDEPENDENT DRIE Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT DRIE **SUITE 2000** JACKSONVILLE FL**SUITE 2000** 32202 US City Zip Code JACKSONVILLE 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. SCOTT DRAUGHON 04/24/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition DRAUGHON MAME RICHARD S NAME ONE INDEPENDENT DRIVE STE 2000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP ☐ Delete DPVS TITLE DPVS X Change NAME DRAUGHON RICHARD SCOTT NAME DRAUGHON RICHARD STREET ADDRESS ONE INDEPENDENT DRIVE STE 2000 STREET ADDRESS ONE INDEPENDENT DRIVE STE 2000 CITY-ST-ZIP JACKSONVILLE FL 32202 CITY-ST-ZIP JACKSONVILLE FL32202 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

04/24/2001

Daytime Phone #

Date

SIGNATURE: SCOTT DRAUGHON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR