FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 13, 2000 8:00 am **DOCUMENT # V42467** Secretary of State 1. Entity Name PROGRESSIVE REAL ESTATE SOFTWARE, INC. 05-13-2000 90026 040 ***150.00 Mailing Address Principal Place of Business 7040_WEST PALMETTO PARK RD. 7040<u>w</u>est palmetto park RD. #2-139\ BOCA RATON FL 33433-3407 JA RATON FL 33433 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 4 Suite 4 Applied For 4. FEI Number City & State City & State 35-1703744 Not Applicable Country \$8.75 Additional Zip Zip Country Certificate of Status Desired Fee Required: 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOPSICK, MICHAEL D. Street Address (P.O. Box Number is Not Acceptable) 7000 W. PALMETTO PARK RD. SUITE 203 **BOCA RATON FL 33433** 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. 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. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change PT ☐ Delete TITLE TITLE MERKER, LEON J. NAME NAME 7040 W PALMETTO PK RD STE 2-139 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete 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 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change __ Addition TITLE ☐ Delete TITLE 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 the property of the corporation of the corporation of the receiver of trustee empowered or on an attachment with an address, with all other like empowered. changed, or on an attachment with an address, with all other like empowered.

SIGNATURE OND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leon J. Merker, Prosident