

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004994

Entity Name: FAMIS SOFTWARE, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

4 PARK PLAZA, SUITE 1000
IRVINE, CA 92614

New Principal Place of Business:

1601 CLOVERFIELD BLVD.
SUITE 500 SOUTH
SANTA MONICA, CA 90404

Current Mailing Address:

4 PARK PLAZA, SUITE 1000
IRVINE, CA 92614

New Mailing Address:

1601 CLOVERFIELD BLVD.
SUITE 500 SOUTH
SANTA MONICA, CA 90404

FEI Number: 33-0002691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CVCD () Delete
Name: FRIEDMAN, MARK
Address: 1601 CLOVERFIELD BLVD, SUITE 500 SOUTH
City-St-Zip: SANTA MONICA, CA 90404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK FRIEDMAN

CEO

04/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date