

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001228

FILED
Apr 29, 2009
Secretary of State

Entity Name: LACERTE SOFTWARE CORPORATION

Current Principal Place of Business:

C/O INTUIT INC., ATTN: GINA GAXIOLA
2700 COAST AVENUE
MOUNTAIN VIEW, CA 94043

New Principal Place of Business:

2700 COAST AVENUE
MOUNTAIN VIEW, CA 94043

Current Mailing Address:

C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

New Mailing Address:

2700 COAST AVENUE
MOUNTAIN VIEW, CA 94043

FEI Number: 33-0807300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: D/AS () Delete
Name: LAIDLAW, JEANNETTE C
Address: 2700 COAST AVENUE
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: DVP () Delete
Name: HANK, JEFFREY P
Address: 2700 COAST AVENUE
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: PVP () Delete
Name: LAWSON, ROBERT
Address: 2700 COAST AVENUE
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: S () Delete
Name: COZZENS, TYLER R
Address: 2700 COAST AVENUE
City-St-Zip: MOUNTAIN VIEW, CA 94043

Title: T/CF () Delete
Name: HANK, JEFFREY P
Address: 2700 COAST AVENUE
City-St-Zip: MOUNTAIN VIEW, CA 94043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: TCFO (X) Change () Addition
Name: HANK, JEFFREY P
Address: 2700 COAST AVENUE
City-St-Zip: MOUNTAIN VIEW, CA 94043

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: TYLER R. COZZENS

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04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date