

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001228

FILED  
May 28, 2008  
Secretary of State

Entity Name: LACERTE SOFTWARE CORPORATION

## Current Principal Place of Business:

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

## New Principal Place of Business:

C/O INTUIT INC., ATTN: GINA GAXIOLA  
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:

FEI Number: 33-0807300      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324      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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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: ( ) 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: TYLER COZZENS

SEC

05/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date