

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000006075 1. Corporation Name			
APPLIED DATA TECHNOLOGY, INC. Principal Place of Business Mailing Address			
10151 Barnes Canyon Road San Diego, CA		Two Penn Plaza NY, NY 10121	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
30	Country		
3. Date Incorporated or Qualified 12/13/95		3a. Date of Last Report 05/01/95	
4. FEI Number		Applied For	
33-0297326		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
The Prentice-Hall Corporation 110 North Magnolia Street Tallahassee, FL 32301		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code
		FL	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.			
SIGNATURE:		(NOTE: Registered Agent signature required when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William B. Gordon	12 NAME	
STREET ADDRESS	12359 Pickrus St. San Diego, CA 92129	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V/S/D	21 TITLE	
NAME	Peter Allen	22 NAME	
STREET ADDRESS	Two Penn Plaza, NY, NY 10121	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V/T/D	31 TITLE	
NAME	DiGia Robert	32 NAME	
STREET ADDRESS	Two Penn Plaza, NY, NY 10121	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	41 TITLE	
NAME	Caras C. G.	42 NAME	
STREET ADDRESS	Two Penn Plaza, NY, NY 10121	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J.L. Effinger	52 NAME	300001852963
STREET ADDRESS	Two Penn Plaza, NY, NY 10121	53 STREET ADDRESS	-06/06/96--01017--022
CITY - ST - ZIP		54 CITY - ST - ZIP	***200.00
TITLE	D	61 TITLE	
NAME	R. Richard Ablon	62 NAME	
STREET ADDRESS	Two Penn Plaza, NY, NY 10121	63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 on Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Peter Allen</i>		Date: 4/30/96 Daytime Phone #: (212) 868-6143	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

DO NOT WRITE IN THIS SPACE

FORM 1000