

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000003503 (6)**  
 1. Corporation Name  
**OBJECTIME, INC.**



Principal Place of Business <b>4100 SPRING VALLEY RD., #800                  DALLAS TX 75244</b>	Mailing Address <b>4100 SPRING VALLEY RD., #800                  DALLAS TX 75244</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country

<b>3.</b> Date Incorporated or Qualified <b>07/07/1997</b>	
<b>4.</b> FEI Number <b>51-0371433</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>61</b> Name
<b>62</b> Street Address (P.O. Box Number is Not Acceptable)
<b>63</b>
<b>64</b> City
<b>85</b> Zip Code

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and filed if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MC GEE, JIM	
STREET ADDRESS	340 MARCH RD.	
CITY-ST-ZIP	KANATA ONTARIO CANANDA K2K -2E4	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	EAGLEBERG, IAN	
STREET ADDRESS	340 MARCH RD.	
CITY-ST-ZIP	KANATA ONTARIO CANANDA K2K -2E4	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GULLEKSON, GARTH	
STREET ADDRESS	340 MARCH RD.	
CITY-ST-ZIP	KANATA ONTARIO CANANDA K2K -2E4	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SELIC, BRANISLAV	
STREET ADDRESS	340 MARCH RD.	
CITY-ST-ZIP	KANATA ONTARIO CANANDA K2K -2E4	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ABLETT, JIM	
STREET ADDRESS	340 MARCH RD.	
CITY-ST-ZIP	KANATA ONTARIO CANANDA K2K -2E4	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JAVIN, JEANNE-PIERRE	
STREET ADDRESS	340 MARCH RD.	
CITY-ST-ZIP	KANATA ONTARIO CANANDA K2K -2E4	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2</b> NAME	Robert Rose	
<b>1.3</b> STREET ADDRESS	340 March Road	
<b>1.4</b> CITY-ST-ZIP	Kanata, Ontario, Canada K2K 2E4	
<b>2.1</b> TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>2.2</b> NAME	David Longbottom	
<b>2.3</b> STREET ADDRESS	340 March Road	
<b>2.4</b> CITY-ST-ZIP	Kanata, Ontario, Canada K2K 2E4	
<b>3.1</b> TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3.2</b> NAME	Tom Reaume	
<b>3.3</b> STREET ADDRESS	340 March Road	
<b>3.4</b> CITY-ST-ZIP	Kanata, Ontario, Canada K2K 2E4	
<b>4.1</b> TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	Engelberg, Ian	
<b>4.3</b> STREET ADDRESS	340 March Road	
<b>4.4</b> CITY-ST-ZIP	Kanata, Ontario, Canada K2K 2E4	
<b>5.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME		
<b>5.3</b> STREET ADDRESS		
<b>5.4</b> CITY-ST-ZIP		
<b>6.1</b> TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME		
<b>6.3</b> STREET ADDRESS		
<b>6.4</b> CITY-ST-ZIP		

**14.** 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 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; 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Tom Reaume* Assistant Secretary 612 591 3535

CR2E034 (10/97)