

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004941
 1. Corporation Name
Concurrent Technologies Corporation

Principal Place of Business 100 CTC Drive Johnstown, Pennsylvania 15904-1935	Mailing Address 200 West Forsyth Street Jacksonville, Florida 32202
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3. Date Incorporated or Qualified
September 22, 1997

4. FEI Number 25-1556708	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 100 CTC Drive	2a. Mailing Address 26 200 West Forsyth Street
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27 Suite 1730
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23 Johnstown, Pennsylvania	City & State 28 Jacksonville, Florida
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7. Is this nonprofit corporation a homeowners association?
 Yes No

Zip 24 15904-1935	Country 25 USA	Zip 29 32202	Country 30 USA
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**Richard Scott Draughon
 200 West Forsyth Street
 Suite 1730
 Jacksonville, Florida 32202**

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
000002643080
-09/18/98--01039--018
 84 City *****61.25** **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P/D Daniel R. DeVos
1.3 STREET ADDRESS	100 CTC Drive
1.4 CITY - ST - ZIP	Johnstown, Pennsylvania 15904-1935
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V/D John B. Pursley, Jr.
2.3 STREET ADDRESS	100 CTC Drive
2.4 CITY - ST - ZIP	Johnstown, Pennsylvania 15904-1935
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S Richard Scott Draughon
3.3 STREET ADDRESS	200 West Forsyth Street, Suite 1730
3.4 CITY - ST - ZIP	Jacksonville, Florida 32202
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T E. J. Sheehan
4.3 STREET ADDRESS	100 CTC Drive
4.4 CITY - ST - ZIP	Johnstown, Pennsylvania 15904-1935
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Bettis C. Rainsford
5.3 STREET ADDRESS	108 1/2 Courthouse Square
5.4 CITY - ST - ZIP	Edgefield S.C. 29824
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D John N. Crichton
6.3 STREET ADDRESS	215 Main Street, Suite 213
6.4 CITY - ST - ZIP	Johnstown, Pennsylvania 15901

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 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 a secretary or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in Block 14 if changed, with an address.

SIGNATURE: _____ September 4, 1998 (904) 358-3777

CR2E037 (5/98)