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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:17

DOCUMENT # H28852 (2)

1. Corporation Name
ATLANTIC PORTFOLIO ANALYTICS & MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~2300 SUN BANK CENTER~~ ~~200 SOUTH ORANGE AVE.~~ ~~ORLANDO FL 32802~~	201 E PINE ST STE 600 ORLANDO FL 32806 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/01/1984	02/15/1994

4. FEI Number: 59-2896050 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 ~~c/o Mahoney Adams & Criser~~	26
Suite, Apt. #, etc.: 22 50 N. Laura Street, ~~3400 Barnett Center~~	Suite, Apt. #, etc.: 27
City & State: 23 ~~Jacksonville, Florida~~	City & State: 28
Zip: 24 32202 — Country: 25 USA	Zip: 29 — Country: 30

9. Name and Address of Current Registered Agent

~~A.G.C. CO~~
~~2300 SUN BANK CENTER~~
~~200 S ORANGE AVE~~
~~ORLANDO FL 32802~~

10. Name and Address of New Registered Agent

81 Name: RAX CO
82 Street Address (P.O. Box Number is Not Acceptable): 50 N. Laura Street, 3400 Barnett Center
83
84 City: Jacksonville, FL 85 Zip Code: 32202

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 [signature] VP — David A. Webster, Vice President — 2/20/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when changing) — Date

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	KNIGHT, JON M.
STREET ADDRESS	201 E PINE ST 600
CITY-ST-ZIP	ORLANDO FL
TITLE	DVS
NAME	CROSON, FRANK B.
STREET ADDRESS	201 E PINE ST 600
CITY-ST-ZIP	ORLANDO FL
TITLE	DP
NAME	HUGGINS, J. A.
STREET ADDRESS	201 E PINE ST 600
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	BARKER, DONALD J.
STREET ADDRESS	201 E PINE ST 600
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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(1)(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: [signature] — 2-12-95 — (407) 843-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Frank B. Croson

0083875 CP