

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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90064 032 \*\*\*150.00

0051980

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # H89270**

1. Corporation Name  
**MAINLINE INFORMATION SYSTEMS, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 3372 CAPITAL CIRCLE  
 TALLAHASSEE FL 32308  
 US

Mailing Address  
 3372 CAPITAL CIRCLE NE  
 TALLAHASSEE FL 32308  
 US

3. Date Incorporated or Qualified  
**12/11/1985**

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

4. FEI Number  
**59-2960721**

Applied For  
 Yes  
 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**KEARNEY, RICHARD S.**  
**2845 CERCY TRACE**  
**TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 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 Richard S. Kearney, President 1/31/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, RICHARD S.	1.2 NAME	
STREET ADDRESS	2845 CERCY TRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	VDS <input type="checkbox"/> DELETE	2.1 TITLE	VD (no longer secretary) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNEY, BERNADETTE	2.2 NAME	
STREET ADDRESS	2845 CERCY TRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRINE, NICHOLAS E	3.2 NAME	
STREET ADDRESS	RT 3 BOX 127-C	3.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESLEY, MARTY	4.2 NAME	
STREET ADDRESS	3372 CAPITAL CIRCLE NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, WILLIAM	5.2 NAME	
STREET ADDRESS	266 OSBORNE HILL RD	5.3 STREET ADDRESS	3372 Capital Circle NE
CITY-ST-ZIP	FISHKILL NY 12524	5.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Erin E. Enlow	6.2 NAME	
STREET ADDRESS	3372 Capital Circle NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee FL 32308	6.4 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, with all other like empowered.

SIGNATURE: Erin E. Enlow, Chief Financial Officer 1/31/99  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)