File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FHED Katherine Harris ANNUAL REPORT Secretary of State 1999 1717 -3 TH 5: 00 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company **DOCUMENT #** M98000000227 1a. Principal Place of Business Address PREMIER SYSTEMS INTEGRATORS, L.L.C. 9401 ARROWPOINT BLVD., SUITE 180 9401 ARROWPOINT BLVD., SUITE CHARLOTTE NC 28273 -CHARLOTTE NC 28273 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation 9400 E SOUTHERN PINE PLVD. 03/02/1998 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State 56-2057571 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite Apl # etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment). (NOTE: Registered Agent signature required when revisiting). 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 9401 ARROWPOINT BLVD., SUI (9400 E SOUTHEAR PINE BLVD. SUT CHARLOTTE NC MGRM PSI HOLDINGS, INC. MGRM INTREPID PREMIER INVES 15 SALT CREEK LANE, SUITE HINSDALE IL ****188,75 ****188.75 11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Uturther certify that the information

PATRICK KING 4-29-99 704-968-200 SIGNATURE:

indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an