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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P01551

(1)

UNISYS CORPORATION

Principal Place of Business

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FILED May 02 1997 8:00am Secretary of State



TOWNSHIP LINI PO BOX 500. & BLUE BELL PA	E & UNION MEETING ROADS PANNA C1-SE14 19424	TOWNSHIP LINE & U PO BOX 500. G2NAA BLUE BELL PA 19424	x C1-SE1						
					 Date Incorporated or Qualified 04/09/1984 	3a. Date of La 05/01/199			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For		
21		26			38-0387840	38-0387840 Not Applicab			
Sulte, Apt. (Suite, Apt. #, etc.			6. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing Trust Fund Contribution	ng \$5.00 May Be Added to Fees			
Zip 24	Country 25	7)p	Oountry 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No				
	9. Name and Address of Currer	and the same and the same of the same of the same		10. Name and Address of New Registered Agent					
CT C	CORPORATION SYSTEM		8	1 Name					
1200) S. PINE ISLAND ROAD NTATION FL 33324		8	2 Street A	Address (P.O. Box Number is Not Acceptable)				
ros:	TIATION FE 33324		8	3					
			8	4 City		FL 85	Zıp Code		
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508, Florida Š e of Florida, Such change v pations of, Section 607.050	itatutes, the aboves authorized l 5, Florida Statut	I ve-named c by the corpo es.	corporation submits this statement for the poration's board of directors. I hereby accep		ng its registered t as registered		
SIGNATURE	Signature typed or profed name of registered age	ent and title if acron able	INDIE Bonsionel A	ar of signature t	equired when reinstating)	DATE			
12,		D DIRECTORS	I 13.	90 11 209121311	ADDITIONS/CHANGES TO OFFIC		TORS IN 12		
TITLE	CCE	DELETE	1.0 1016			☐ Chai			
NAME	UNRUH, JAMES A.		1.2 NAM	:					
STREET ADDRESS	TOWNSHIP LINE & UNION ME	EETING ROAD	1.B STRE	ET ADDRESS			{		
CITY-ST-ZIP	BLUE BELL PA		1.# CITY	- S1 - ZIP					
TITLE	AS .	☐ DELETE	2.1 11116			Chai	nge 🔲 Addition 🕻		
NAME	ANDERSON, RONALD C.		2.P NAM	1					
STREET ADDRESS	TOWNSHIP LINE & UNION ME	EETING ROADS	2. \$ STRE	E1 ADDRESS					
CITY-ST-ZIP	BLUE BELL PA	······································		-ST-ZIP					
TITLE	AT ALLEDDEDO HOK D	☐ DELETE				L Char	ige Addition		
NAME	SILVERBERG, JACK R. TOWNSHIP LINE & UNION ME	EETINO DOADO	3 2 NAM				.		
STREET ADDRESS	EETING HUADS		E1 ADDRESS						
CITY-ST-ZIP	BLUE BELL PA SVPS	DELETE		- S1 - 7IP		Cha	nge Addition		
TITLE	BARRON, HAROLD S	□ Delete				டுபங	rge LJ Addition		
NAME Street address	TOWNSHIP LINE & UNION ME	FETING ROADS	4 2 NAN	ET ADDRESS					
CITY-ST-ZIP	BLUE BELL PA	PRINTA HAUDA	4 # CITY	ł					
TITLE	EVP	X DELETI			THO	X Cha	nge Addition		
NAME	LUTZ, ALAN G.		5 / NAM	ĺ	EVP				
STREET ADDRESS	TOWNSHIP LINE & UNION MI	EETING ROADS		LT ADDRESS	Gerald A. Gagliardi				
CITY-ST-ZIP	BLUE BELL PA	· · · · · · · · · · · ·		- ST - ZIP					
TITLE	SVPC	뀠 ດແຄ້ເ	61 Till (SVPC	▼ Ctia	nge 🔲 Addition		
NAME	BLECHSCHMIDT, EDWARD A.	•	62 NAM	τ	Robert H. Brust				
STREET ADDRESS	TOWNSHIP LINE & UNION MI		6.3 S1R8	E I ADDRESS					
CITY-ST-ZIP	BLUE BELL PA		64 CITY	- S1 - ZIP					

I do 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 eath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

RONALD C. ANDERSON