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

DOCUMENT # P12748 (0)

95 FEB 21 AM 11:34

1. Corporation Name
DIGICON/GFS INC.

Principal Place of Business	Mailing Address
235 EXCELL DRIVE PEARL MS 39208	P.O. BOX 98159 JACKSON MS 39298-0159

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/31/1986
3a. Date of Last Report: 05/24/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 64-0737426 ☐ 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 tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE		☐ Change ☐ Addition
NAME	ECKERT, JAMES C.	1.2 NAME		
STREET ADDRESS	235 EXCELL DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	PEARL MS	1.4 CITY-ST-ZIP		
TITLE	DP	2.1 TITLE		☐ Change ☐ Addition
NAME	LUDLOW, STEPHEN J.	2.2 NAME		
STREET ADDRESS	3701 KIRBY DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	MCNAIRY, RICHARD W.	3.2 NAME		
STREET ADDRESS	3701 KIRBY DR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP		
TITLE	VT	4.1 TITLE	VTS	☒ Change ☐ Addition
NAME	POGACH, ALLAN C.	4.2 NAME	Pogach, Allan C.	
STREET ADDRESS	3701 KIRBY DR.	4.3 STREET ADDRESS	3701 Kirby Drive	
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	Houston, TX	
TITLE	S	5.1 TITLE	V	☒ Change ☐ Addition
NAME	ACKERMAN, CHARLES H.	5.2 NAME	Ackerman, Charles H.	
STREET ADDRESS	3701 KIRBY DR	5.3 STREET ADDRESS	3701 Kirby Drive	
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	Houston, TX	
TITLE		6.1 TITLE	V	☐ Change ☒ Addition
NAME		6.2 NAME	Mann, Whitney C.	
STREET ADDRESS		6.3 STREET ADDRESS	3701 Kirby Drive	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Houston, TX	

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(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.

SIGNATURE: Whitney C. Mann 2/13/95 (713) 526-5611
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0470008 FP