


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Sep 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P19313 (6) 1. Corporation Name <b>INFOTEC DEVELOPMENT, INCORPORATED</b>		
Principal Place of Business <b>3611 S. HARBOR BLVD. SUITE 260</b>	Mailing Address <b>3611 S. HARBOR BLVD. SUITE 260</b>	



<b>INFOTEC DEVELOPMENT, INC.</b>		<b>c/o PACER INFOTEC, INC.</b>		3. Date Incorporated or Qualified <b>05/19/1988</b>	3a. Date of Last Report <b>04/09/1996</b>
2. Principal Place of Business <b>21 3621 South Harbor Blvd.</b> Suite, Apt. #, etc. <b>22 Suite 250</b> City & State <b>23 Santa Ana, CA</b> Zip <b>24 92704-6975</b> Country <b>25 USA</b>		2a. Mailing Address <b>26 900 Technology Park Drive</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Billerica, MA</b> Zip <b>29 01821-4194</b> Country <b>30 USA</b>		4. FEI Number <b>95-3312403</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent			
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)			
83		84 City			
85 Zip Code		<b>FL</b>			
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD NIEBLA, J. FERNANDO 3611 S. HARBOR BLVD. SANTA ANA CA</b>	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>P, D Niebla, J. Fernando 7524 Saddlehill Trail Orange, CA 92669</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD SOULIA, JOSEPH L. 3611 S. HARBOR BLVD. SANTA ANA CA</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D Rennie, John C. 900 Technology Park Drive Billerica, MA 01821-4194</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T RECTOR, HARRY 3611 S. HARBOR BLVD. SANTA ANA CA</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>T, S, V Koczera, Rudolph R. 900 Technology Park Drive Billerica, MA 01821-4194</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CASTRO, TOM 11340 W. OLYMPIC BLVD., #206 LOS ANGELES CA</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>D Goldblum, Sigmund H. 900 Technology Park Drive Billerica, MA 01821-4194</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HAHL, NEIL M. ONE EAST 4TH STREET CINCINNATI OH</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CONLIN, WILLIAM 23 HILLSBOROUGH NEWPORT BEACH CA</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>700002290977 -09/11/97--01110--003 ***550.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

REQUIRED

9/5/97

978-667-8800

CR2E034 (4/97)