SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Aug 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25464 (9)

1. Corporation Name
TRANSACTION TECHNOLOGY CORPORATION

Principal Place of Business	Mailing Address
22 SOUTH MAIN STREET GREENVILLE SC 29601 US	P.O. BOX 8695 GREENVILLE SC 29604 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1989
4. FEI Number: 57-0757882 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 ______________________
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	P	[X] DELETE	1.1 TITLE	PRESIDENT	[✓] Change ☐ Addition
NAME	HARRISON, JERRY JR.		1.2 NAME	HARRISON, EDWARD F. JR.	
STREET ADDRESS	106 EAST AUGUSTA PLACE		1.3 STREET ADDRESS	316 BYRD BLVD	
CITY-ST-ZIP	GREENVILLE SC		1.4 CITY-ST-ZIP	GREENVILLE, S.C. 29601	
TITLE	VPS	☐ DELETE	2.1 TITLE	VPS	☐ Change ☐ Addition
NAME	HARRISON, JERRY SR		2.2 NAME	HARRISON, JERRY J. SR.	
STREET ADDRESS	45 CLAREDON AVENUE		2.3 STREET ADDRESS	1805 EAST NORTH STREET	
CITY-ST-ZIP	GREENVILLE SC		2.4 CITY-ST-ZIP	GREENVILLE, S.C. 29607	
TITLE	T	☐ DELETE	3.1 TITLE	TREASURER	☐ Change ☐ Addition
NAME	HARRISON, EDWARD, JR.		3.2 NAME		
STREET ADDRESS	316 BYRD BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREENVILLE SC		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (5/98)

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.

SIGNATURE: X [signature] 7/30/98 (864)271-6522