SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 PM 12:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000038456 (7)**

1. Corporation Name
DISTRIBUTED INTELLIGENCE SYSTEMS INCORPORATED

Principal Place of Business	Mailing Address
1221 BRICKELL AVENUE , 9TH FLOOR MIAMI FL 33131	1221 BRICKELL AVENUE , 9TH FLOOR MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/23/1994
3a. Date of Last Report:

2. Principal Place of Business 21 7406 Fullerton Street	2a. Mailing Address 26 7406 Fullerton Street	4. FEI Number 65-0496128	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Suite 104	Suite, Apt. #, etc. 27 Suite 104	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 32256 / 25 USA	Zip / Country 29 32256 / 30 USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

PASTORELLI, KATHRINE
1221 BRICKELL AVENUE , 9TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Louise A. Priest
82 Street Address (P.O. Box Number is Not Acceptable): 10010 Belle Rive Blvd.
83: Apt. #1006
84 City: Jacksonville, FL 85 Zip Code: 32256

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: Louise Priest LOUISE PRIEST SECRETARY 8-3-95
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		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	☐ Change ☒ Addition President/D Anthony P. Ansell 72 Kings Road Windsor, England SL42AH
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	☐ Change ☒ Addition V David Berry 4163 Dunraven Lane Jacksonville, FL 32223
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	☐ Change ☒ Addition S Louise A. Priest 10010 Belle Rive Blvd., APT. #1006 Jacksonville, FL 32256
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	☐ Change ☒ Addition V Shaun A. Jepson 72 Kings Road Windsor, England SL42AH
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E094 (3/95)

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)(k), 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: Louise Priest LOUISE PRIEST 8-3-95 904-363-9933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037393 CP