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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000038456

1. Corporation Name
DISTRIBUTED INTELLIGENCE SYSTEMS INCORPORATED

Principal Place of Business	Mailing Address
7406 FULLERTON STREET STE. 104 JACKSONVILLE FL 32256 US	7406 FULLERTON STREET STE. 104 JACKSONVILLE FL 32256 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/23/1994

2. Principal Place of Business	2a. Mailing Address
21 5000 SAWGRASS VILLAGE CIRCLE	26 5000 SAWGRASS VILLAGE CIRCLE
Suite, Apt. #, etc. 22 23	Suite, Apt. #, etc. 27 23
City & State 23 PONTE VEDRA BEACH	City & State 28 PONTE VEDRA BEACH
Zip / Country 24 FL, 32082 25 USA	Zip / Country 29 FL, 32082 30 USA

4. FEI Number: 65-0496128 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SCHULZ, LOUISE A.
1557 JAGUAR CIRLCE
APOPKA FL 32712

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANSELL, ANTHONY P.		1.2 NAME		
STREET ADDRESS	72 KINGS ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WINDSOR EN		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BERRY, DAVID		2.2 NAME		
STREET ADDRESS	4163 DUNRAVEN LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHULZ, LOUISE A.		3.2 NAME		
STREET ADDRESS	1557 JAGUAR CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JEPSON, SHAUN A.		4.2 NAME		
STREET ADDRESS	72 KINGS ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINDSOR EN		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE	S	☐ Change ☒ Addition
NAME	KIPPS-BROWN, LISA W.		5.2 NAME	SWEETMAN, SALLY	
STREET ADDRESS	4496 DORIAN WAY		5.3 STREET ADDRESS	72 KINGS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	WINDSOR, ENGLAND	
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		

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, with all other like empowered.

SIGNATURE: [signature] [illegible] 2/23/99 904-280-1616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)