

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90146 036 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P96000097715

1. Corporation Name  
**TRAFFIC SOFTWARE USA, INC.**



Principal Place of Business: C/O DANIEL P. J. O'CONNOR, ENGLISH, ETAL 100 NORTHEAST THIRD AVENUE, SUITE 1100 FORT LAUDERDALE FL 33301  
 Mailing Address: C/O DANIEL P. J. O'CONNOR, ENGLISH, ETAL 100 NORTHEAST THIRD AVENUE, SUITE 1100 FORT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/03/1996**

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

4. FEI Number: **65-0711352**  
 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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**EMO CORPORATE SERVICES INC.**  
**100 NORTHEAST THIRD AVENUE**  
**SUITE 1100**  
**FORT LAUDERDALE FL 33301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                | <input type="checkbox"/> DELETE |
|----------------------------|--------------------------------|---------------------------------|
| TITLE                      | <b>PTSD</b>                    | <input type="checkbox"/>        |
| NAME                       | <b>TOOHEY, JOHN</b>            |                                 |
| STREET ADDRESS             | <b>123 NW 13TH ST. STE 215</b> |                                 |
| CITY-ST-ZIP                | <b>BOCA RATON FL</b>           |                                 |
| TITLE                      |                                | <input type="checkbox"/>        |
| NAME                       |                                |                                 |
| STREET ADDRESS             |                                |                                 |
| CITY-ST-ZIP                |                                |                                 |
| TITLE                      |                                | <input type="checkbox"/>        |
| NAME                       |                                |                                 |
| STREET ADDRESS             |                                |                                 |
| CITY-ST-ZIP                |                                |                                 |
| TITLE                      |                                | <input type="checkbox"/>        |
| NAME                       |                                |                                 |
| STREET ADDRESS             |                                |                                 |
| CITY-ST-ZIP                |                                |                                 |
| TITLE                      |                                | <input type="checkbox"/>        |
| NAME                       |                                |                                 |
| STREET ADDRESS             |                                |                                 |
| CITY-ST-ZIP                |                                |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                            | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition   |
|---|----------------------------|-------------------------------------|-------------------------------------|
| 1.1 TITLE   | <b>PTD</b>                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 1.2 NAME  |                            |                                     |                                     |
| 1.3 STREET ADDRESS                                    |                            |                                     |                                     |
| 1.4 CITY-ST-ZIP                                       |                            |                                     |                                     |
| 2.1 TITLE   | <b>SD</b>                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2.2 NAME  | <b>HAFDIS ALEXANDERS</b>   |                                     |                                     |
| 2.3 STREET ADDRESS                                    | <b>2057 SUNKWA WAY</b>     |                                     |                                     |
| 2.4 CITY-ST-ZIP                                       | <b>BOCA RATON FL 33433</b> |                                     |                                     |
| 3.1 TITLE   |                            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3.2 NAME  |                            |                                     |                                     |
| 3.3 STREET ADDRESS                                    |                            |                                     |                                     |
| 3.4 CITY-ST-ZIP                                       |                            |                                     |                                     |
| 4.1 TITLE   |                            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4.2 NAME  |                            |                                     |                                     |
| 4.3 STREET ADDRESS                                    |                            |                                     |                                     |
| 4.4 CITY-ST-ZIP                                       |                            |                                     |                                     |
| 5.1 TITLE   |                            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 5.2 NAME  |                            |                                     |                                     |
| 5.3 STREET ADDRESS                                    |                            |                                     |                                     |
| 5.4 CITY-ST-ZIP                                       |                            |                                     |                                     |
| 6.1 TITLE   |                            | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 6.2 NAME  |                            |                                     |                                     |
| 6.3 STREET ADDRESS                                    |                            |                                     |                                     |
| 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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)