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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **S66185** **(7)**

1. Corporation Name

VIRTUAL INTELLIGENCE COMPANY, INC.

Principal Place of Business	Mailing Address
1215 CAPITAL CIR. SE #A6 TALLAHASSEE FL 32301-3830	1215 CAPITAL CIR. SE #A6 TALLAHASSEE FL 32301-3830

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/15/1991**
3a. Date of Last Report: **01/20/1994**

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

4. FEI Number: **NOT APPLICABLE** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEBOW, DAVID
1022 HOLLAND DRIVE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: LeBow, David
82 Street Address (P.O. Box Number is Not Acceptable): 1215 Capital Circle SE
83:
84 City: Tallahassee FL 85 Zip Code: 32301

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: David G. Lebow, President (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4-15-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	President	☒ Change ☐ Addition
NAME	LEBOW, DAVID	1.2 NAME	Lebow, David	
STREET ADDRESS	1022 HOLLAND DR	1.3 STREET ADDRESS	1215 Capital Circle SE	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	S	2.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	CASON, MARK	2.2 NAME	Cason, Mark	
STREET ADDRESS	2113 CHARTER OAK DR	2.3 STREET ADDRESS	1349 Colonial	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	T	3.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	WU, YICHUN (MICHAEL)	3.2 NAME	Wu, Yichun	
STREET ADDRESS	2336 TINA DR	3.3 STREET ADDRESS	11814 Chase Wellesley Dr	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Richmond, VA 23233	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 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)(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: David G. Lebow David G. Lebow 4-15-95 (904) 926-7835
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR