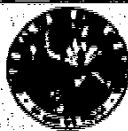


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 APR 24 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S66185

(7)

1. Corporation Name

VIRTUAL INTELLIGENCE COMPANY, INC.

Principal Place of Business

1215 CAPITAL CIR. SE #A6
TALLAHASSEE FL 32301-3630

Mailing Address

1215 CAPITAL CIR. SE #A6
TALLAHASSEE FL 32301-3630

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/15/1991

3a. Date of Last Report

01/20/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

LEBOW, DAVID
1022 HOLLAND DRIVE
TALLAHASSEE FL 32301

10. Name and Address of Now 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

4-15-95

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

NAME

LEBOW, DAVID

STREET ADDRESS

1022 HOLLAND DR

CITY - ST - ZIP

TALLAHASSEE FL

TITLE

S

NAME

CASON, MARK

STREET ADDRESS

2113 CHARTER OAK DR

CITY - ST - ZIP

TALLAHASSEE FL

TITLE

T

NAME

WU, YICHUN (MICHAEL)

STREET ADDRESS

2336 TINA DR

CITY - ST - ZIP

TALLAHASSEE FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☒ Change

☐ Addition

1.2 NAME

Lebow, David

1.3 STREET ADDRESS

1215 Capital Circle SE

1.4 CITY - ST - ZIP

Tallahassee, FL 32301

2.1 TITLE

Secretary

☒ Change

☐ Addition

2.2 NAME

Cason, Mark

2.3 STREET ADDRESS

1349 Colonial

2.4 CITY - ST - ZIP

Tallahassee, FL 32303

3.1 TITLE

Treasurer

☒ Change

☐ Addition

3.2 NAME

Wu, Yichun

3.3 STREET ADDRESS

11814 Chase Wellesley Dr

3.4 CITY - ST - ZIP

Richmond, VA 23233

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(b), 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

926-7835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #