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Page 1 of 2

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 APR 23 PM 1:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **S88699** **(1)**

1. Corporation Name
RAI AUTOMATION SERVICES, INC.

Principal Place of Business	Mailing Address
1545 RAYMOND DIEHL ROAD 3RD FLOOR TALLAHASSEE FL 32308	PO BOX 12200 TALLAHASSEE FL 32317-2200

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)

3. Date Incorporated or Qualified: 10/21/1991
3a. Date of Last Report: 04/23/1996
4. FEI Number: 59-3113218 ☐ 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

JACOBS, JOSEPH W
1545 RAYMOND DIEHL ROAD
3RD FLOOR
TALLAHASSEE FL 32308

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	JACOBS, JOSEPH W	1.2 NAME	
STREET ADDRESS	1545 RAYMOND DIEHL ROAD, 3RD FLOOR	1.3 STREET ADDRESS	600002152286--1
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	-04/23/97--01085--006 *****173.75 *****173.75
TITLE	TVD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ATKINS, KATHLEEN B	2.2 NAME	
STREET ADDRESS	1545 RAYMOND DIEHL ROAD, 3RD FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BECK, MICHAEL P	3.2 NAME	
STREET ADDRESS	1545 RAYMOND DIEHL ROAD, 3RD FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MCDEVITT, FRANK J DR.	4.2 NAME	
STREET ADDRESS	1545 RAYMOND DIEHL ROAD, 3RD FLOOR	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	4.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BARKER, JAMES H DR.	5.2 NAME	
STREET ADDRESS	1545 RAYMOND DIEHL ROAD, 3RD FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	5.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, ROBERT D	6.2 NAME	MWB
STREET ADDRESS	1545 RAYMOND DIEHL ROAD, 3RD FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 changed or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED Joseph W. Jacobs 4/17/97 904-386-1115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0049364

ATTACHMENT TO 1997 ANNUAL REPORT FOR RAI AUTOMATION SERVICES, INC.

TITLE *NAME* *STREET ADDRESS* *CITY-ST-ZIP*	D ☐ Delete NEER, DR. HOWARD L. 1545 RAYMOND DIEHL RD., 3RD FLOOR TALLAHASSEE, FL 32308	*TITLE* *NAME* *STREET ADDRESS* *CITY-ST-ZIP*	☐Change☐Addition
TITLE *NAME* *STREET ADDRESS* *CITY-ST-ZIP*	D ☐ Delete OLIVA, DR. MARCELINO 1545 RAYMOND DIEHL RD., 3RD FLOOR TALLAHASSEE, FL 32308	*TITLE* *NAME* *STREET ADDRESS* *CITY-ST-ZIP*	☐Change☐Addition