SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
Jul 26 1996 8:00 am
Secretary of State

DOCUMENT # **S97418** **(5)**

1. Corporation Name

ELECTRONIC PROCESSING, INCORPORATED

Principal Place of Business	Mailing Address
6408 WEST LINEBAUGH AVENUE SUITE 108 TAMPA FL 33625-4909	6408 WEST LINEBAUGH AVENUE SUITE 108 TAMPA FL 33625-4909

3. Date Incorporated or Qualified: 12/01/1991
3a. Date of Last Report: 01/31/1995
4. FEI Number: 59-3097436 ☐ 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

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

9. Name and Address of Current Registered Agent

PHILLIPS, GEORGE W., ESQ.
3802 EHRLICH RD
STE 210
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name: GEORGE W. PHILLIPS
82 Street Address (P.O. Box Number is Not Acceptable): 14502 N. DALE MABRY
83 SUITE 200
84 City: TAMPA FL 85 Zip Code: 33618

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: George W. Phillips — DATE: 7-23-96

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MILLER, HAROLD. H.	
STREET ADDRESS	5708 PINEY LANE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	☒ DELETE
NAME	MILLER, PAMELA J.	
STREET ADDRESS	5708 PINEY LANE DR.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	☐ DELETE
NAME	BIRGE, H JACK	
STREET ADDRESS	6408 W LINBAUGH AVE #108	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	☐ Change ☒ Addition
1.2 NAME	GLENN A. REPH	
1.3 STREET ADDRESS	9089 CLAIREMONT MESA BLVD	
1.4 CITY-ST-ZIP	SAN DIEGO, CA 92123	
2.1 TITLE	VP	☐ Change ☒ Addition
2.2 NAME	MARK S. LEIBOWITZ	
2.3 STREET ADDRESS	9089 CLAIREMONT MESA BLVD	
2.4 CITY-ST-ZIP	SAN DIEGO, CA 92123	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

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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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Harold H. Miller President — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 6/26/96 — Daytime Phone #: (619) 576-2220 x101

CR2E034 (3/96)