

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S47276

(8)

1. Corporation Name

UNISYS SERVICES AMERICA, INC.

Principal Place of Business

**1760 E CENTRAL AVE
MERRITT ISLAND FL 32952**

Mailing Address

**1760 E CENTRAL AVE
MERRITT ISLAND FL 32952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1991

3a. Date of Last Report

04/14/1994

4. FEI Number

59-3063602

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. Has corporation (has it been) for a foreign entity (has it been) a 100% owned
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. State, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. State, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

9. Name and Address of Current Registered Agent

**RITA U. KELLY
1760 E. CENTRAL AVENUE
MERRITT ISLAND FL 32952**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Applicable)

83. City

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 607.0504, Florida Statutes.

SIGNATURE

Signature of current registered agent or the corporation

Signature of new registered agent or the corporation

Date

12. OFFICERS AND DIRECTORS

12a. Name
12b. Street Address
12c. City & State
12d. Zip
12e. Country
12f. Name
12g. Street Address
12h. City & State
12i. Zip
12j. Country
12k. Name
12l. Street Address
12m. City & State
12n. Zip
12o. Country
12p. Name
12q. Street Address
12r. City & State
12s. Zip
12t. Country

**DP
KELLY, RITA U
1760 E CENTRAL AVE
MERRITT ISLAND FL**

13. ALL OTHERS (PARTIALS, ETC.) (If Not Applicable, Check "None")

13a. Name
13b. Street Address
13c. City & State
13d. Zip
13e. Country
13f. Name
13g. Street Address
13h. City & State
13i. Zip
13j. Country
13k. Name
13l. Street Address
13m. City & State
13n. Zip
13o. Country
13p. Name
13q. Street Address
13r. City & State
13s. Zip
13t. Country

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14. I do hereby certify that the information reported with this form 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 is accurate and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation and have signed or caused to be signed this report as required by Chapter 607, Florida Statutes, and that my report appears on back 12 of Block 13. I am an officer or director of the corporation.

SIGNATURE:

Rita U. Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
Rita U. Kelly

6/28/95 (407)453-5871

CR03034 (3/95)