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PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **S47276** **(8)**

1. Corporation Name

UNISYS SERVICES AMERICA, INC.

Principal Place of Business	Mailing Address
1760 E CENTRAL AVE. MERRITT ISLAND FL 32952	1760 E CENTRAL AVE. MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified: **04/23/1991**
3a. Date of Last Report: **07/05/1995**

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip: 25: Country:

2a. Mailing Address
26: P.O. Box 879
27: Suite, Apt. #, etc.:
28: City & State: Titusville, FL 32781
29: Zip: 30: Country:

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

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: Kevin P. Markey, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 410 W. Merritt Avenue
83:
84 City: Merritt Island **FL** 85 Zip Code: 32953

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: Kevin P. Markey 4/23/96
Signature, typed or printed name of registered agent and title, if applicable — NOTE: Registered Agent signature required for initial filing — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KELLY, RITA U 1760 E CENTRAL AVE MERRITT ISLAND FL	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/D Antonio Lauretta 1422 Norwood AVenue Titusville, FL 32780	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP/D Robert W. Kelly 1422 Norwood Avenue Titusville, FL 32780	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP/D Kent G. Evans 1422 Norwood Avenue Titusville, FL 32780	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T/D James W. Ferguson 1422 Norwood AVenue Titusville, FL 32780	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	S Debra A. Lauretta 1422 Norwood Avenue Titusville, FL 32780	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	S Rita U. Kelly 1422 Norwood Avenue Titusville, FL 32780	☐ Change XX Addition

CR2E034 (12/95)

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: Antonio Lauretta 4-29-96 407 267-4641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #