

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # F9700004941

CONCURRENT TECHNOLOGIES CORPORATION OF PENNSYLVA NIA

Principal Place of Business 100 CTC DRIVE JOHNSTOWN PA 15904-1935 Mailing Address

200 WEST FORSYTH STREET **SUITE 1730** JACKSONVILLE FL 32202

FILED Mar 08, 1999 8:00 am § Secretary of State

03-08-1999 90032 014 ****61.25

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2. Principal P	lace of Business	2a. Mailing Address	_ 			3. Date Incorporated or Qualifed				
54		26	3			09/22/1997				
Suite Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·		4. FEI Number		Appl	ied For	
¬ ''	27					25-1556708		Not	Applicable	
22} City & Stat	е	City & State					. \$8	.75 Ad	ditional	
23 28						5. Certifcate of Status Desired	F	ee Req	uired	
Zip				ntry		6. Election Campaign Financing	. \$!	5.00 M	lav Be	
a = "	25 29 30			·		Trust Fund Contribution		dded to		
9. Name and Address of Current Registered Agent						10. Name and Address of New Regi	stered Agent			
					Name					
PRANCISCO BIOLINE COOT					60 Our Address (D.O. Ray Number is Not Accordable)					
DRAUGHON, RICHARD SCOTT					82 Street Address (P.O. Box Number is Not Acceptable)					
200 W. FORSYTH ST, SUITE 1730										
JACKSONVILLE FL 32202										
				84	City		FL 85	Zip Co	ode	
						i a bash dhi alata a dha ann		ing its s	agietered	
11. Pursuant	to the provisions of Sections 617.0503 registered agent, or both, in the State (2 and 617.1508, Florida of Florida. Such change	was authorized	bove- I by t	-named corp he corporati	poration submits this statement for the pur ion's board of directors. I hereby accept the	e appointment	as regi	stered	
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.050	03, Florida Statu	utes.	·					
SIGNATURE										
	Signature, typed or printed name of registered agen		(NOTE: Registered	Agent	signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIR	ECTOR	S IN 12	
12.	OFFICERS AN				 1	ADDITIONS/CHANGES TO GITTO			Addition	
TITLE	VD	☐ DELI					٥٠	iai ige		
NAME	PURSLEY, JOHN B JR		1.2 NA	WE					ļ	
STREET ADDRESS	100 CTC DRIVE		1.3 ST	REET	ADDRESS					
CITY-ST-ZIP	JOHNSTOWN PA 15904-1935			TY-ST-	ZIP				□ 4 3 3%- 4	
TITLE	PD	☐ DELI	ETE 2.1 Π	TLE			□ cr	nange	☐ Addition	
NAME	DEVOS, DANIEL R		2.2 NA	WE						
STREET ADDRESS	100 CTC DRIVE		2.3 ST	REET	ADDRESS				,	
CITY+ST-ZIP	JOHNSTOWN PA 15904-1935		2. 4 CI	ITY-ST	-ZIP					
TITLE	D	☐ DELI	ETE 3.1 TIT	TLE			cr	ıange	☐ Addition	
NAME	CRICHTON, JOHN N		3.2 NA	WE.						
STREET ADDRESS	- :		3.3 ST	REET	ADDRESS					
CITY-ST-ZIP	JOHNSTOWN PA 15901		3.4. CI	ITY-ST	-ZIP					
TITLE	S	▼ DEL	ETE 4.1 TI	TLE	S		3€ CI	hange	☐ Addition	
NAME	DRAUGHON, RICHARD SCOTT		4. 2 N	AME	$\tilde{\mathbf{T}}$	eri S. Maguire	•			
STREET ADDRESS		SUITE 1730	4.3 ST	REET		00 CTC Drive				
CITY-ST-ZIP	JACKSONVILLE FL 32202	JUIT 1100		TY-ST		ohnstown, PA 15904	_1935			
TITLE	T	₹ DEL			<u> </u>		x c	hange	☐ Addition	
NAME	SHEEHAN, E.J.		5.2 NA			argaret A. DiVirgi	lio			
	l ' '		5.3 ST	REET	1	00 CTC Drive				
STREET ADDRESS	100 0.0 0.00		5.4 CI	TY-ST-	1	ohnstown, PA 15904	-1935		÷	
CITY-ST-ZIP_	JOHNSTOWN PA 15904-1935	☐ DEL			- 1	<u> </u>		hange	Addition	
TITLE	D DETTION	ب مدر	6.2 N/			-	.	•	_	
NAME	RAINSFORD, BETTIS C	-		-	ADDRESS					
STREET ADDRESS	100 1,2 000111110000 0 2 2 2 2	ŧ								
CITY-ST-ZIP	FDGEFIELD SC 29824		6.4 CI	TY-ST	- LIP					

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

EREQUATERI S. Maguire, Secretary (814)269-2421