

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90042 046 ***150.00

DOCUMENT # P31032

1. Corporation Name

TRIAD GOVERNMENTAL SYSTEMS, INC.

Principal Place of Business
**358 SOUTH MONROE STREET
XENIA OH 45385**

Mailing Address
**358 SOUTH MONROE STREET
XENIA OH 45385**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1990

4. FEI Number

31-1087810

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WRIGHT, WILSON W.
217 SOUTH ADAMS STREET
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
RAPP, JANET I
129 PARK DRIVE
XENIA OH**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
RAPP, TOD A
129 PARK DRIVE
XENIA OH**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
RAPP, BRETT A.
3712 OLD WICHESTER TRAIL
XENIA OH**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
RAPP, DWAYNE A
2084 DRAKE DRIVE
XENIA OH 45385**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
COLLINS, JEFFREY D
5819 BURR RD
JAMESTOWN OH 45335**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

*add zip code
45385*

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

*add zip code
45385*

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

*add zip code
45385*

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

**VP
COLLINS, JEFFREY D
5819 BURR RD
JAMESTOWN OH 45335**

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janet I. Rapp*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANET I. RAPP
TREASURER**

RAPP

23 April 99

(800) 666-5446

Date

Daytime Phone #

CR2E034 (11/98)

2010550