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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # 321895 (5)

1. Entity Name

CALLDATA SYSTEMS DEVELOPMENT, INC.

Principal Place of Business

C/O C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324

Mailing Address

C/O C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation: 10/05/1967

3a. Date of Last Report: 03/02/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 04-2444867 — ☐ Applied For ☐ Not Applicable

22 — 27 — 5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

23 — 28 — 6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

24 — 25 — 29 — 30 — 8. Did corporation have liability tax under s. 220.02, Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	P ☒ Change ☐ Addition
NAME	MYERS, ROBERT	NAME	GANDOLFO, PHILIP
STREET ADDRESS	7 HEATHER LANE	STREET ADDRESS	1111 STEWART AVENUE
CITY-ST-ZIP	LLOYD HARBOR, NY.	CITY-ST-ZIP	BETHPAGE, N.Y.
TITLE	T	TITLE	S ☒ Change ☐ Addition
NAME	DIGIACOMO, JOSEPH	NAME	GIBBONS, SHEILA M.
STREET ADDRESS	179 NASSAU LANE	STREET ADDRESS	1840 CENTURY PARK EAST, LOS ANGELES, CA
CITY-ST-ZIP	ISL PK, NY 00000	CITY-ST-ZIP	
TITLE	S	TITLE	AS ☒ Change ☐ Addition
NAME	KILLIAN, PATRICK	NAME	JOSIAH, STEPHANIE
STREET ADDRESS	21 W. MEADOW LN EXT.	STREET ADDRESS	1111 STEWART AVENUE
CITY-ST-ZIP	STONY BROOK NY	CITY-ST-ZIP	BETHPAGE, N.Y.
TITLE	D	TITLE	D ☒ Change ☐ Addition
NAME	WACHINO, WILLIAM, JR.	NAME	ANDERSON, HERBERT W.
STREET ADDRESS	14 THIRD AVENUE	STREET ADDRESS	1111 STEWART AVENUE
CITY-ST-ZIP	EAST ISLIP NY	CITY-ST-ZIP	BETHPAGE, N.Y.
TITLE	D	TITLE	D ☒ Change ☐ Addition
NAME	SANDLER, GERALD H.	NAME	GANDOLFO, PHILIP
STREET ADDRESS	46 BONNIE DR	STREET ADDRESS	1111 STEWART AVENUE
CITY-ST-ZIP	WESTBURY NY	CITY-ST-ZIP	BETHPAGE, N.Y.
TITLE	PD	TITLE	D ☒ Change ☐ Addition
NAME	PICARLLEI, ALFRED	NAME	HAISE JR., FRED W.
STREET ADDRESS	5 NEIL DRIVE	STREET ADDRESS	1111 STEWART AVE., BETHPAGE, N.Y.
CITY-ST-ZIP	SMITHTOWN NY	CITY-ST-ZIP	

14. I 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 above, or on an attachment with an address.

SIGNATURE: Sheila Gibbons SHEILA GIBBONS APRIL 25, 1995 (310) 201-3024

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0231881 CP