

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 586889 (8)  
1. Corporation Name  
CMS/DATA CORPORATION



Principal Place of Business Mailing Address  
101 N MONROE ST  
STE 800  
TALLAHASSEE FL 32301  
US

3. Date Incorporated or Qualified 09/19/1978  
3a. Date of Last Report 06/14/1995  
4. FEI Number 59-1854426  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

DOUGLAS HORTON  
101 N MONROE STREET  
STE 800  
TALLAHASSEE FL 32301

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 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KADLEC, PAUL SCOTT	
STREET ADDRESS	1992 CHARLAIS	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TABAH, EDWARD	
STREET ADDRESS	5305 KILRUSH CT.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	OSTEN, RUBIN	
STREET ADDRESS	85 SARSDALE RD.	
CITY-ST-ZIP	TORONTO CA	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	KANDEL, ANDREW	
STREET ADDRESS	4017 BRANDON HILL DR.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HOUSER, MARLENE	
STREET ADDRESS	1094 WALDEN RD.	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DOUGLAS HORTON	
STREET ADDRESS	101 N MONROE ST STE 800	
CITY-ST-ZIP	TALLAHASSEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP-Operations	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lee Heffner	
1.3 STREET ADDRESS	101 N Monroe St Ste 800	
1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
2.1 TITLE	VP-Sales	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Raymond T. Platt	
2.3 STREET ADDRESS	101 N Monroe St Ste 800	
2.4 CITY-ST-ZIP	Tallahassee, FL 32301	
3.1 TITLE	VP-Software Dev	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jim Douglas	
3.3 STREET ADDRESS	101 N Monroe St Ste 800	
3.4 CITY-ST-ZIP	Tallahassee, FL 32301	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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.

SIGNATURE:

*Paul Scott Kadlec*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/96

904 224 2200

DATE

DATE OF FILING

CR2E034 (3/96)