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Apr 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 611470 (6)  
1. Corporation Name  
EVALUATION SYSTEMS DESIGN, INC.



Principal Place of Business: 5145 PIMLICO TALLAHASSEE FL 32308  
Mailing Address: 5145 PIMLICO TALLAHASSEE FL 32308-2404

3. Date Incorporated or Qualified: 03/01/1979  
3a. Date of Last Report: 02/02/1996  
4. FEI Number: 59-1909348  
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: 21 Suite Apt. # etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERGQUIST, CONSTANCE ANNE CRAWFORD  
5145 PIMLICO DR.  
TALLAHASSEE FL 32308

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

Sign name, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE: PD  
12.2 NAME: BERGQUIST, CONSTANCE A.  
12.3 STREET ADDRESS: 5145 PIMLICO DR.  
12.4 CITY - ST - ZIP: TALLAHASSEE FL  
 DELETE

12.5 TITLE: VD  
12.6 NAME: ROSS, DEBORAH A.  
12.7 STREET ADDRESS: 10584 JASON CT.  
12.8 CITY - ST - ZIP: COLUMBIA MD  
 DELETE

12.9 TITLE: STD  
12.10 NAME: BERGQUIST, GILBERT T.  
12.11 STREET ADDRESS: 5145 PIMLICO DR.  
12.12 CITY - ST - ZIP: TALLAHASSEE FL  
 DELETE

12.13 TITLE:  DELETE

12.14 TITLE:  DELETE

12.15 TITLE:  DELETE

13.1 TITLE:  Change  Addition  
13.2 NAME:  
13.3 STREET ADDRESS:  
13.4 CITY - ST - ZIP:  
13.5 TITLE:  Change  Addition  
13.6 NAME:  
13.7 STREET ADDRESS:  
13.8 CITY - ST - ZIP:  
13.9 TITLE:  Change  Addition  
13.10 NAME:  
13.11 STREET ADDRESS:  
13.12 CITY - ST - ZIP:  
13.13 TITLE:  Change  Addition  
13.14 NAME:  
13.15 STREET ADDRESS:  
13.16 CITY - ST - ZIP:

14. I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Constance A. Bergquist* 4/24/97 893-9504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)