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 # 822109 (5)

1. Corporation Name

DATAPLEX CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 14975 JACKSON MS 39236-9750	P.O. BOX 14975 JACKSON MS 39236-9750

3. Date Incorporated or Qualified: 11/25/1968
3a. Date of Last Report: 03/31/1995

2. Principal Place of Business	2a. Mailing Address
21 2828 N. Haskell	26 2828 N. HASKell Ave
Suite, Apt #, etc: 22 10th FLOOR	Suite, Apt #, etc: 27 10th FLOOR
City & State: 23 DALLAS, TEXAS	City & State: 28 DALLAS
Zip: 24 75264 / Country: 25 USA	Zip: 29 TEXAS / Country: 30 USA

4. FEI Number: 64-0394095 ☐ 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

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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PRESIDENT + CEO	☒ Change ☐ Addition
NAME	EDMONSON, RICHARD C.		1.2 NAME	T. G. Connor, JR.	
STREET ADDRESS	750 WOODLANDS PKY		1.3 STREET ADDRESS	2828 N. HASKELL 10th FLOOR	
CITY-ST-ZIP	RIDGELAND, MS 0		1.4 CITY-ST-ZIP	DALLAS, TEXAS 75204	
TITLE	VT	☒ DELETE	2.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	SUMMERFORD, JERRY		2.2 NAME	LEE O. HARPER	
STREET ADDRESS	750 WOODLANDS PKY		2.3 STREET ADDRESS	3960 N. Central Expressway	
CITY-ST-ZIP	RIDGELAND, MS 0		2.4 CITY-ST-ZIP	DALLAS, TEXAS 75204	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BERNARDY, MIKE		3.2 NAME		
STREET ADDRESS	750 WOODLANDS PKY		3.3 STREET ADDRESS		
CITY-ST-ZIP	RIDGELAND, MS 0		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CALDWELL, DON L.		4.2 NAME		
STREET ADDRESS	750 WOODLANDS PKY		4.3 STREET ADDRESS		
CITY-ST-ZIP	RIDGELAND, MS 0		4.4 CITY-ST-ZIP		
TITLE	S	☒ DELETE	5.1 TITLE	secretary	☒ Change ☐ Addition
NAME	DECKELMAN, WILLIAM L JR		5.2 NAME	DAVID W. BLACK	
STREET ADDRESS	2828 N HASKELL		5.3 STREET ADDRESS	2828 N. HASKELL AVE 10th Floor	
CITY-ST-ZIP	DALLAS TX		5.4 CITY-ST-ZIP	DALLAS, TEXAS 75204	
TITLE	COO	☐ DELETE	6.1 TITLE	ASSISTANT Secretary	☒ Change ☐ Addition
NAME	CONNOR, T G, JR		6.2 NAME	BASIL N. ARGERSON	
STREET ADDRESS	750 WOODLANDS PKY		6.3 STREET ADDRESS	2828 N. Haskell 10th FLOOR	
CITY-ST-ZIP	RIDGELAND, MS 0		6.4 CITY-ST-ZIP	DALLAS, TEXAS 75204	

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: T. G. CONNOR JR 6/19/96 214-841-8260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)