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

Tax Dept. 7-East

DOCUMENT # 829831

CT CORPORATION SYSTEM

1. Corporation Name

City & State

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24

IM WALTER COMPLITER SERVICES INC

| JIIVI WALTER GOWIFUTER SE | 11410E3, 1140. | | | |
|---|---|--|--|--|
| | | | | |
| Principal Place of Business | Mailing Address | | | |
| 1500 N. DALE MABRY TAMPA FL 33607-2551 | 1500 N. DALE MABRY TAMPA FL 33807-2551 | | | |
| Principal Place of Business 1 | 2a. Mailing Address | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | |

27

28

City & State

Country Country Zip 29 30 25 9. Name and Address of Current Registered Agent

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90074 001 ***150.00



| DO NOT WRITE IN THIS SPACE | | | | |
|--|----------|-----------------------------------|--|--|
| 3. Date Incorporated or Qualifed 04/02/1973 | | | | |
| 4, FEI Number | | Applied For | | |
| 59-1438152 | | Not Applicable | | |
| 5. Certifcate of Status Desired | | \$8.75 Additional Fee Required | | |
| Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | | |
| This corporation owes the curre Personal Property Tax. | ent year | ntangible ⁻ ☐ Yes X No | | |
| 10. Name and Address of New R | legister | ed Agent | | |
| | | | | |

Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** 83 Zip Code 84 City 85

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 re- | quired when reinstating) | DATE | \ |
|----------------|--|--------------------------------|--------------------------|------------------|--------------|
| | OFFICERS AND DIRECTORS | 13. | ADDITIONS/CHANGES TO OF | · | RS IN 12 |
| TITLE | PT DELETE | 1.1 TITLE | ADDITIONO/SIMMOCO 19 91 | Change | Addition |
| NAME | FJELSTUL DEAN M | 1.2 NAME | | | |
| | 1500 N DALE MABRY HWY | 1.3 STREET ADDRESS | | | |
| STREET ADDRESS | TAMPA FL | 1.4 CITY-ST-ZIP | | | |
| CITY-ST-ZIP | V DELETE | 2.1 TITLE | | [7] Change | Addition |
| TITLE | | | | | _ |
| NAME | LAMMONS, W.M. | 2.2 NAME | | | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA, FL 00000 | 2. 4 CITY-ST-ZIP | ومرابيض المالين | | Addition |
| TITLE | D DELETE | 3.1 TITLE | | Change | ☐ Addition |
| NAME | HYATT, KENNETH E | 3.2 NAME | • | | |
| STREET ADDRESS | 1500 NORTH DALE MABRY HWY | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL | 3.4. CITY-ST-ZIP | | | |
| TITLE | AT □ DELETE | 4.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | EISCH, CYNTHIA B | 4.2 NAME | | | |
| STREET ADDRESS | 1500 NORTH DALE MABRY HWY | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL | 4.4 CITY-ST-ZIP | | | |
| TITLE | S DELETE | 5.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | PORTER EDWARD A | 5.2 NAME | | | - 1 |
| STREET ADDRESS | 1500 N DALE MABRY HWY | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL | 5.4 CITY-ST-ZIP | | | _ |
| TITLE | ☐ DELETE | 6.1 TITLE | | ☐ Change | ☐ Addition |
| NAME | | 6.2 NAME | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | with that the information gunglind with this filing door not qualify for | 6.4 CITY- ST-ZIP | | 10 11 11 11 11 1 | Es man mél m |

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 turther certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I turther certify that the information 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 enjloywered 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 eddress, with all other like empowered.

JIM WALTER, COMPUTER, SERVICES, INC.

1/29/99 (813)871-4273

Asst Treasurer ING OFFICER OR DIRECTOR

(813)871-4273 1/29/99

July 22, 1998

JIM WALTER COMPUTER SERVICES, INC. 1500 North Dale Mabry Highway

Tampa, Florida 33607 Tel: (813) 871-4242

MAILING ADDRESS

P. O. Box 31601 Tampa, Florida 33631-3601

(Subsidiary of Computer Holdings Corporation)

Employer Identification Number 59-1438152

DIRECTORS:

Dean M. Fjelstul Kenneth E. Hyatt

OFFICERS:

TITLE:

Dean M. Fjelstul President and Treasurer
Jack Fowler Vice President

Frank A. Hult

William M. Lammons

Vice President

Vice President

Vice President

Edward A. Porter Secretary
Mary C. Snow Assistant Secretary
Cynthia B. Eisch Assistant Treasurer

Stephen H. Foxworth Assistant Treasurer

Incorporated in Delaware February 20, 1973

Registered Agent: The Corporation Trust Company

Corporation Trust Center 1209 Orange Street

Wilmington, Delaware 19801