


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90022 011 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 845798

1. Corporation Name  
COMPLUS, INC.



Principal Place of Business CENTURY CITY PLAZA I 51 CENTURY CITY BLVD.. #350 NASHVILLE TN 37214	Mailing Address CENTURY CITY PLAZA I 51 CENTURY CITY BLVD.. #350 NASHVILLE TN 37214
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 51 CENTURY BLVD. #350 23 City & State 24 Zip Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 51 CENTURY BLVD #350 28 City & State 29 Zip Country 30		3. Date Incorporated or Qualified 04/22/1980 4. FEI Number 85-0268128 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, 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	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OTTERBECK, JAMES	1.2 NAME	
STREET ADDRESS	720 BROADSMOORE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL 60045	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAVIG, JOHN	2.2 NAME	
STREET ADDRESS	3050 FORREST HILLS COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	WADSWORTH IL 60083	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, MICHAEL	3.2 NAME	
STREET ADDRESS	1501 HINMAN, 32A	3.3 STREET ADDRESS	
CITY-ST-ZIP	EVANSTON IL 60201	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, GREG	4.2 NAME	
STREET ADDRESS	2506 PORT KEMBLA DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MT. JULIET TN 37122	4.4 CITY-ST-ZIP	
TITLE	CFST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, THOMAS	5.2 NAME	
STREET ADDRESS	615 ARBOR LAKE BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HERMITAGE TN 37076	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUCER, CHRIS	6.2 NAME	CHRIS SAUER
STREET ADDRESS	5525 ST. FRANCIS CIRCLE EAST	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOOMIS CA 95650-7922	6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99 6158749700

CR2E034 (11/98)