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FILED
May 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **855222** **(6)**

1. Corporation Name
UNISYS INTERNATIONAL COMPANY

Principal Place of Business	Mailing Address
P.O BOX 500. C1-SE14 7700 W CAMINO REAL BLUE BEU PA 19424-0001 US	TOWNSHIP LINE & JOLLY RDS PO BOX 500. M S C2NW4 BLUE BELL PA 19424-0004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1983

4. FEI Number: 38-1812718 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 7700 WEST CAMINO REAL	26 P.O. BOX 500
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 M/S C1-SE14
City & State 23 BOCA RATON FL	City & State 28 BLUE BELL PA
Zip 24 33433-5433 Country 25	Zip 29 19424-0004 Country 30

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 607.0402 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	BLAINE, JACK A.		1.2 NAME		
STREET ADDRESS	7700 W. CAMINO REAL		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	33433-5433	
TITLE	PATD	☐ DELETE	2.1 TITLE	PD	☒ Change ☒ Addition
NAME	SILVERBERG, JACK R.		2.2 NAME		
STREET ADDRESS	770 W. CAMINO REAL		2.3 STREET ADDRESS	7700 W. CAMINO REAL	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	33433-5433	
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	ANDERSON, RONALD C		3.2 NAME		
STREET ADDRESS	7700 W. CAMINO REAL		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	33433-5433	
TITLE	VTD	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	NOLL, PETER S		4.2 NAME		
STREET ADDRESS	7700 W. CAMINO REAL		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	33433-5433	
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	KEENE, SUSAN T		5.2 NAME		
STREET ADDRESS	7700 W. CAMINO REAL		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	33433-5433	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: _____ 5/1/98 (215)986-4744