FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND $500 PENALTY FEE

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LIMITED PARTNERSHIP ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership: **THE SYSTEMS DEPOT, LTD.**

1a. DOCUMENT # **A97000000211**

Mailing Address	Principal Office Address
3231 OAKCLIFF INDUSTRIAL ST. ATLANTA GA 30340	3231 OAKCLIFF INDUSTRIAL ST. ATLANTA GA 30340

3. Date Formed or Registered: 01/01/1997
3a. Date of Last Report: 12/24/1997
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record: $1,000,000.00
5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number: 62-1665566 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ $8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / Country	Zip / Country

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City FL Zip Code

10a. Pursuant to the provisions of sections 620.1901 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
MOOSE, LLC	C/O P.O. BOX 2266	HICKORY NC 28603	~~M97000000024~~ M97000000024

DK 4/9/99

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that this information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership recently filed to file this report as required by chapter 620, Florida Statutes.

SIGNATURE Wade E. Moose 4-7-99 DATE

Typed or Printed Name of General Partner Signing Form: WADE E. MOOSE Daytime Telephone Number: 828-397-4200