FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/09/95--01098--001
****200.00 ****200.00

DOCUMENT # F23444

1. Corporation Name
FDP CORP.

Principal Place of Business	Mailing Address
2140 S. DIXIE HWY MIAMI, FL 33133	2140 S. DIXIE HWY MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/13/1981
3a. Date of Last Report: 03/29/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip / Country — 24 / 25 / 29 / 30

4. FEI Number: 59-2138243 ☐ 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

MICHAEL C. GOLDBERG
8555 PONCE DE LEON RD
MIAMI, FL 33143

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
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CBD	11 TITLE	☐ Change ☐ Addition
NAME	MICHAEL C. GOLDBERG	12 NAME	
STREET ADDRESS	8555 PONCE DE LEON RD	13 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 33143	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	KATHLEEN MURO	22 NAME	
STREET ADDRESS	407 S.E. 7th ST	23 STREET ADDRESS	
CITY ST ZIP	DANIA, FL 33004	24 CITY ST ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	CINDY L. GOLDBERG	32 NAME	
STREET ADDRESS	8555 PONCE DE LEON RD.	33 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL 33143	34 CITY ST ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	CHRISTINE STROUD	42 NAME	
STREET ADDRESS	7420 S.W. 162 ST.	43 STREET ADDRESS	
CITY ST ZIP	MIAMI, FL	44 CITY ST ZIP	
TITLE	EVD	51 TITLE	☐ Change ☐ Addition
NAME	DOUGLAS KENNEDY	52 NAME	
STREET ADDRESS	12940 CORONADO TER.	53 STREET ADDRESS	
CITY ST ZIP	N. MIAMI, FL 33181	54 CITY ST ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	RICHARD FLEISCHMAN	62 NAME	
STREET ADDRESS	75 BREAKNECK HILL RD	63 STREET ADDRESS	
CITY ST ZIP	SOUTHBORO, MA 01772	64 CITY ST ZIP	

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)(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: Michael C. Goldberg — 4/12/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Document # F23444
FDP Corp.
59-2138243

12. (additional)

TITLE	D
NAME	CESAR L. ALVAREZ
STREET ADDRESS	1221 BRICKELL AVE, 22nd FLOOR
CITY-ST ZIP	MIAMI, FL 33131

TITLE	D
NAME	ALBERT J. SCHIFF
STREET ADDRESS	263 TRESSOR BLVD., 10th FLOOR
CITY-ST ZIP	STAMFORD, CT 06901

TITLE	D
NAME	BRUCE I. NIERENBERG
STREET ADDRESS	774 GLEN GARRY DR.
CITY-ST ZIP	MELBOURNE, FL 32940

TITLE	VP
NAME	BEVERLY PRICE
STREET ADDRESS	5600 S.W. 95 ST.
CITY-ST ZIP	MIAMI, FL 33156

TITLE	VP
NAME	EDWARD PICK
STREET ADDRESS	2417 N. GREENWAY DR.
CITY-ST ZIP	CORAL GABLES, FL 33134