

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 11 1998 8:00am  
Secretary of State

DOCUMENT # F46362 (2)

1. Corporation Name

BANK SYSTEMS & EQUIPMENT CORP.

Principal Place of Business

10300 USA TODAY WAY  
MIRAMAR FL 33025

Mailing Address

10300 USA TODAY WAY  
MIRAMAR FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1981

4. FEI Number

59-2182116

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

21 3150 HOLCOMB BRIDGE ROAD

Suite, Apt. #, etc.

22 SUITE 200

City & State

23 NORCROSS, GA

Zip

24 30071

Country

25 USA

2a. Mailing Address

26 3150 HOLCOMB BRIDGE ROAD

Suite, Apt. #, etc.

27 SUITE 200

City & State

28 NORCROSS, GA

Zip

29 30071

Country

30 USA

9. Name and Address of Current Registered Agent

HASEWINKLE, WILLIAM  
10300 USA TODAY WAY  
MIRAMAR FL 33025

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD ☒ DELETE

NAME OTILLA, HASEWINKLE  
STREET ADDRESS 4000 SW 149TH TERR  
CITY-ST-ZIP MIRAMAR FL

TITLE PD ☐ DELETE

NAME HASEWINKLE, WILLIAM  
STREET ADDRESS 4000 SW 149TH TERRACE  
CITY-ST-ZIP MIRAMAR FL

TITLE CD ☐ DELETE

NAME COLLINS, JOHN W  
STREET ADDRESS 10300 USA TODAY WAY  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE PD ☐ DELETE

NAME BOWERS, C. MICHAEL  
STREET ADDRESS 10300 USA TODAY WAY  
CITY-ST-ZIP MIRAMAR FL 33025

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

3150 HOLCOMB BRIDGE RD, SUITE 200  
NORCROSS, GA 30071

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3150 HOLCOMB BRIDGE RD, SUITE 200  
NORCROSS, GA 30071

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

CFO  
J.T. MOORE  
3150 HOLCOMB BRIDGE RD., SUITE 200  
NORCROSS, GA 30071

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE

*Signature*

*J.T. Moore*

*4/15/98*

*410.582-8385*

CR2E034 (10/97)