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

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

FILED
Apr 22, 1999 8:00 am
Secretary of State
04-22-1999 90236 050 ***150.00

DOCUMENT # F46362 OC

1. Corporation Name
BANK SYSTEMS & EQUIPMENT CORP.

Principal Place of Business	Mailing Address
3150 HOLCOMB BRIDGE ROAD SUITE 200 NORCROSS GA 30071 US	3150 HOLCOMB BRIDGE ROAD SUITE 200 NORCROSS GA 30071 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/28/1981

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

4. FEI Number: 59-2182116 ☐ 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 the current year Intangible Personal Property Tax. ☑ Yes ☐ No

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: _____ 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	CFO ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, J. T.	1.2 NAME	
STREET ADDRESS	3150 HOLCOMB BRIDGE ROAD, SUITE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30071	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HASEWINKLE, WILLIAM	2.2 NAME	
STREET ADDRESS	4000 SW 149TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	
TITLE	CD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, JOHN W	3.2 NAME	
STREET ADDRESS	3150 HOLCOMB BRIDGE RD, SUITE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30071	3.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BOWERS, C. MICHAEL	4.2 NAME	
STREET ADDRESS	3150 HOLCOMB BRIDGE RD, SUITE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30071	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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	

VENDOR # 1299
INVOICE # _____
DUE DATE _____
REF _____
G/L 7220
VOUCHER # 14611
DATE ENTERED 4/6/99 mar

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: C.M. Bowers President 3/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C.M. Bowers

CR2E031 (11/98)