FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 23 1996 8:00 am
Secretary of State

DOCUMENT # **F50372** **(4)**

1. Corporation Name

H. T. E., INC.

Principal Place of Business	Mailing Address
390 N ORANGE AVE., SUITE 2000 ONE DUPONT CENTRE ORLANDO FL 32801	390 N ORANGE AVE., SUITE 2000 ONE DUPONT CENTRE ORLANDO FL 32801

3. Date Incorporated or Qualified: **10/21/1981**
3a. Date of Last Report: **02/27/1995**

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

4. FEI Number: **59-2133858** ☐ 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**

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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	V	☐ DELETE	1.1 TITLE	VCFO	☐ Change ☒ Addition
NAME	LAUGHLIN, ROBERT W		1.2 NAME	ROBERT C. BOWERS	
STREET ADDRESS	6727 GRAND BAHAMA DR.		1.3 STREET ADDRESS	206 COLONY SPRINGS DRIVE	
CITY-ST-ZIP	TAMPA FL 33615		1.4 CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	PD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HARWARD, DENNIS J		2.2 NAME	BERNARD MARKEY	
STREET ADDRESS	3170 WHISPER WIND DR.		2.3 STREET ADDRESS	259 RADNOR-CHESTER ROAD	
CITY-ST-ZIP	ST. CLOUD FL 34771		2.4 CITY-ST-ZIP	RADNOR PA 19087	
TITLE	VSD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HARWARD, JACK L		3.2 NAME		
STREET ADDRESS	278 CLEARVIEW ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHULUOTA FL 32756		3.4 CITY-ST-ZIP		
TITLE	~~VADT~~ V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WIPPER, DENNIS J		4.2 NAME		
STREET ADDRESS	105 MINNEHAHA CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MAITLAND FL 32751		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GOODROW, RONALD E		5.2 NAME		
STREET ADDRESS	843 GOLF VALLEY DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	SWEETWATER FL 32712		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, PETER		6.2 NAME		
STREET ADDRESS	100 FEDERAL ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: _____ VP/CFO — 2/19/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #