

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

FILED  
Apr 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000033 (2)

1. Corporation Name

SYSTEMS & PROGRAMMING CONSULTANTS, INC.

Principal Place of Business

212 SOUTH TRYON ST.  
SUITE 700  
CHARLOTTE NC 28281

Mailing Address

212 SOUTH TRYON ST.  
SUITE 700  
CHARLOTTE NC 28281  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/29/1992		
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 57-0695246	Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
MOLINO, JAY 8875 HIDDEN RIVER PARKWAY LAKEVIEW BUILDING, SUITE 270 TAMPA FL 33637				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 by printer name of registered agent and filed copy of

(P.O. If registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLISLE, THOMAS G	12 NAME	
STREET ADDRESS	212 SOUTH TRYON ST.	13 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28281	14 CITY-ST-ZIP	
TITLE	DVS	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLISLE, RICHARD K	22 NAME	
STREET ADDRESS	212 SOUTH TRYON ST.	23 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	24 CITY-ST-ZIP	28281
TITLE	DV	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, JEFF	32 NAME	
STREET ADDRESS	212 SOUTH TRYON ST.	33 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	34 CITY-ST-ZIP	28281
TITLE	DV	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, ROBERT J.	42 NAME	Gallagher, Robert J.
STREET ADDRESS	212 S TRYON ST., SUITE 270	43 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC	44 CITY-ST-ZIP	28281
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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:



3/9/98 704-348-9000

CR2E034 (10/97)