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Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F92000000222 (1)

1. Corporation Name

ABACUS DISTRIBUTION SYSTEMS (DELAWARE) INC.

Principal Place of Business

C/O THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET  
WILMINGTON DE 19801

Mailing Address

C/O WILLIAMS BENATOR AND LIBBY  
1040 CROWN POINTE PKWY SUITE 400  
ATLANTA GA 30338-4777  
US



3. Date Incorporated or Qualified

11/13/1992

3a. Date of Last Report

07/01/1996

4. FEI Number

43-1576534

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
PTD  
LIU, WILLIAM  
C/O 111 SOMERSET ROAD, #05-06 PUB BLDG.  
SINGAPORE 0923

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
AS  
SAUER, EDWARD W  
1201 PENNSYLVANIA AVENUE, NW  
WASHINGTON DC

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
AS  
HENRY, JOHN  
1201 PENNSYLVANIA AVENUE NW  
WASHINGTON DC

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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  
c/o 111 Somerset Road, #11-02 P.U.B. Building  
Singapore 239164

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

14. I do 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:

Edward Sauer, Asst. Sec. 2/26/97 202-626-6641

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0012172

CR2E034 (9/96)