FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 3:31

DOCUMENT # **F93000004056 (8)**

1. Corporation Name

ODYSSEY MOBILITY SYSTEMS, INC.

Principal Place of Business	Mailing Address
4265 KELLWAY CIRCLE ADDISON TX 75244	4265 KELLWAY CIRCLE ADDISON TX 75244

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/07/1993	3a. Date of Last Report: 07/29/1994
4. FEI Number: 76-0235539	☐ 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: — 22: Suite, Apt. #, etc — 23: City & State — 24: Zip — 25: Country

2a. Mailing Address — 26: — 27: Suite, Apt. #, etc — 28: City & State — 29: Zip — 30: Country

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

31: Name
32: Street Address (P.O. Box Number is Not Acceptable)
33:
34: City **FL** 35: 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 changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	MCGUIRE, HELEN	12 NAME		
STREET ADDRESS	4265 KELLWAY CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	ADDISON TX 75244	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	GILLEY, JAMES R.	22 NAME		
STREET ADDRESS	4265 KELLWAY CIRCLE	23 STREET ADDRESS		
CITY-ST-ZIP	ADDISON TX	24 CITY-ST-ZIP		
TITLE	P	31 TITLE		☐ Change ☒ Addition
NAME	MCGUIRE, DENNIS	32 NAME	PRESIDENT & DIRECTOR	
STREET ADDRESS	4265 KELLWAY CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	ADDISON TX 75244	34 CITY-ST-ZIP		
TITLE	VST	41 TITLE		☐ Change ☒ Addition
NAME	BERTCHER, GENE S	42 NAME	VICE PRESIDENT, SECRETARY,	
STREET ADDRESS	4265 KELLWAY CIRCLE	43 STREET ADDRESS	TREASURER & DIRECTOR	
CITY-ST-ZIP	ADDISON TX 75244	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	GRIFFIS, ROBERT L.	52 NAME		
STREET ADDRESS	4265 KELLWAY CIRCLE	53 STREET ADDRESS		
CITY-ST-ZIP	ADDISON TX	54 CITY-ST-ZIP		
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME	HAYES, CATHERINE M.	62 NAME		
STREET ADDRESS	4265 KELLWAY CIRCLE	63 STREET ADDRESS		
CITY-ST-ZIP	ADDISON TX	64 CITY-ST-ZIP		

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)(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: Gene S Bertcher — 3/21/95 — 214 407-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0472668 FP