

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004952 (8)

1. Corporation Name
MOBILE DATA SOLUTIONS INC.

Principal Place of Business

100-8717 WEST 110TH ST
OVERLAND PARK KS 66210
US

Mailing Address

100-8717 WEST 110TH ST
OVERLAND PARK KS 66210
US

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	5. Certificate of Status Desired	6. Election Campaign Financing	7. Trust Fund Contribution	8. This corporation owes or has paid the current year intangible
21 ONE PIERCE PLACE	26 ONE PIERCE PLACE	11/02/1998	98-0136682	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22 SUITE 100 W	27 SUITE 100 W		****200.00				
23 ITASCA, ILL.	28 ITASCA, ILL.						
24 60143	29 60143						
25 USA	30 USA						

9. Name and Address of Current Registered Agent

SAPIEGA, ED
#200-4902 EISENHOWER BLVD.
TAMPA BAY FL 33634

10. Name and Address of New Registered Agent

81 Name DEBRA SPRINGFIELD
82 Street Address (P.O. Box Number is Not Acceptable) 4726 SOAPSTONE DR
83 2914 S. BRYAN ROAD
84 City TAMPA BRANDON FL 85 Zip Code 33615

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 *Debra Springfield* August 18, 1998
(NOTE: Registered Agent's signature required when reinstalling)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D DYSTHE, ERIK	1.1 TITLE	Vice President, US Operations
NAME	135-10551 SHELLBRIDGE WAY	1.2 NAME	Geoffrey Engerman
STREET ADDRESS	RICHMOND BC	1.3 STREET ADDRESS	Suite 100W, One Pierce Place
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Itasca, Ill 60143
TITLE	PD MILLER, KENNETH R	2.1 TITLE	Vice President, Sales & / Director
NAME	135-10551 SHELLBRIDGE WAY	2.2 NAME	Douglas Engerman
STREET ADDRESS	RICHMOND BC	2.3 STREET ADDRESS	Suite 100W, One Pierce Place
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Itasca, Ill 60143
TITLE	SVPD HILL, RANKIN P	3.1 TITLE	V-P Legal & Secretary
NAME	135-10551 SHELLBRIDGE WAY	3.2 NAME	M. Greg Beniston
STREET ADDRESS	RICHMOND BC	3.3 STREET ADDRESS	135-10551 Shellbridge Way
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Richmond, B.C. V6X 2W9
TITLE	VPSO DALBEY, JAMES R	4.1 TITLE	V-P Finance & Admin & CFO
NAME	135-10551 SHELLBRIDGE WAY	4.2 NAME	Verne D. Pecho
STREET ADDRESS	RICHMOND BC	4.3 STREET ADDRESS	135 - 10551 Shellbridge Way
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Richmond, B.C. V6X 2W9
TITLE	VPDO KAM, PETER	5.1 TITLE	V-P Technology
NAME	135-10551 SHELLBRIDGE WAY	5.2 NAME	Tom Lawdensky
STREET ADDRESS	RICHMOND BC	5.3 STREET ADDRESS	Suite 100W, One Pierce Place
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Itasca, Ill 60143
TITLE	VPMD JAMES, BRENT	6.1 TITLE	
NAME	135-10551 SHELLBRIDGE WAY	6.2 NAME	
STREET ADDRESS	RICHMOND BC	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Michael Beniston* August 18, 1998 (604) 270 9939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR