


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

**FILED**  
**May 13, 1999 8:00 am**  
**Secretary of State**

05-13-1999 90015 012 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F93000004952</b>					
1. Corporation Name <b>MOBILE DATA SOLUTIONS INC.</b>					
Principal Place of Business One Pierce Place Suite 100W Itasca, Illinois 60143 USA			Mailing Address One Pierce Place Suite 100W Itasca, Illinois 60143 USA		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/02/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		98-0136682	
24 Country		29 Country		30 Country	
25 Country		29 Country		30 Country	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
			81 Name <b>Patrick J. Francois</b>		
			82 Street Address (P.O. Box Number is Not Acceptable) <b>14502 North Dale Mabry Hwy., Suite 200</b>		
			83		
			84 City <b>Tampa,</b> <b>FL</b> 85 Zip Code <b>33618</b>		
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 <i>Patrick J. Francois</i> <b>Patrick J. Francois - Regional Acct. Mgr.</b> DATE <b>4-28-99</b>					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			1.2 NAME <b>Kenneth R. Miller</b> <b>Director</b>		
STREET ADDRESS			1.3 STREET ADDRESS <b>10271 Shellbridge Way</b>		
CITY-ST-ZIP			1.4 CITY-ST-ZIP <b>Richmond, B.C. V6X 2W8</b>		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			2.2 NAME <b>Geoffry Engerman</b>		
STREET ADDRESS			2.3 STREET ADDRESS <b>One Pierce Place, Suite 100W</b>		
CITY-ST-ZIP			2.4 CITY-ST-ZIP <b>Itasca, Illinois 60143</b>		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME <b>Douglas Engerman</b>		
STREET ADDRESS			3.3 STREET ADDRESS <b>One Pierce Place, Suite 100W</b>		
CITY-ST-ZIP			3.4 CITY-ST-ZIP <b>Itasca, Illinois 60143</b>		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME <b>M. Greg Beniston</b>		
STREET ADDRESS			4.3 STREET ADDRESS <b>10271 Shellbridge Way</b>		
CITY-ST-ZIP			4.4 CITY-ST-ZIP <b>Richmond, B.C. V6X 2W8</b>		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME <b>Verne D. Pecho</b>		
STREET ADDRESS			5.3 STREET ADDRESS <b>10271 Shellbridge Way</b>		
CITY-ST-ZIP			5.4 CITY-ST-ZIP <b>Richmond, B.C. V6X 2W8</b>		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME <b>V-P Technology</b>		
STREET ADDRESS			6.3 STREET ADDRESS <b>Tom Lawdensky</b>		
CITY-ST-ZIP			6.4 CITY-ST-ZIP <b>One Pierce Place, Suite 100W</b>		
			6.5 CITY-ST-ZIP <b>Itasca, Illinois 60143</b>		

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, with all other like empowered.

SIGNATURE: *M. Greg Beniston*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1999

604-207-6000

Date

Daytime Phone #

CR2E034 (11/98)