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Secretary of State

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| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>  |  |  <b>FLORIDA DEPARTMENT OF STATE<br/>Sandra B. Mortham<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |  |
| <b>DOCUMENT # F93000005151 (6)</b>  |  |  |  |
| 1. Corporation Name<br><b>PREMITECH CORPORATION</b>   |  |  |  |
| Principal Place of Business<br><b>5400 LEGACY DRIVE<br/>HI-4A-66<br/>PLANO TX 75024<br/>US</b>  |  | Mailing Address<br><b>5400 LEGACY DRIVE<br/>HI-4A-66<br/>PLANO TX 75024-3105<br/>US</b>  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country   |  |
| 3. Date Incorporated or Qualified<br><b>11/15/1993</b>  |  | 3a. Date of Last Report<br><b>04/02/1996</b>   |  |
| 4. FEI Number<br><b>75-2502637</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>   |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  |
| 9. Name and Address of Current Registered Agent<br><b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.<br/>1201 HAYES ST.<br/>STE. 105<br/>TALLAHASSEE FL 32301</b>   |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 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 _____ DATE _____<br><small>(Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating))</small>  |  |  |  |
| 12. OFFICERS AND DIRECTORS  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |
| 1.1 TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP   |  | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP   |  |
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| 97.1 TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | 97.1 TITLE<br>97.2 NAME<br>97.3 STREET ADDRESS<br>97.4 CITY - ST - ZIP   |  |
| 98.1 TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | 98.1 TITLE<br>98.2 NAME<br>98.3 STREET ADDRESS<br>98.4 CITY - ST - ZIP   |  |
| 99.1 TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   |  | 99.1 TITLE<br>99.2 NAME<br>99.3 STREET ADDRESS<br>99.4 CITY - ST - ZIP   |  |
| 100.1 TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | 100.1 TITLE<br>100.2 NAME<br>100.3 STREET ADDRESS<br>100.4 CITY - ST - ZIP   |  |



CR2E034 (9/96)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARBARA BARTON

Date

4-2-97

Daytime Phone #

(972) 605-1200