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**May 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 # F94000003276 (2)

1. Corporation Name
AMERICAN DATASOURCE, INC.



Principal Place of Business
**440 MT. RUSHMORE RD.
RAPID CITY SD 57701**

Mailing Address
**ONE EAST FOURTH STREET
8TH FLOOR
CINCINNATI OH 45202-3717**

3. Date Incorporated or Qualified
06/21/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
23-2611362

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. Zip Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. Zip Country

30.

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	TATE, JEFFREY	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	DVAS	<input type="checkbox"/> DELETE
NAME	MUETHING, MARK F	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MANEY, WILLIAM J	
STREET ADDRESS	250 EAST FIFTH STREET	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STREETMAN, JOHN A	
STREET ADDRESS	4030 LAKE WASHINGTON BLVD., #201	
CITY-ST-ZIP	KIRLAND WA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GAYNOR, JR. W	
STREET ADDRESS	440 MT. RUSHMORE RD.	
CITY-ST-ZIP	RAPID CITY SD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WADE, JOHN E	
STREET ADDRESS	440 MT RUSHMORE RD.	
CITY-ST-ZIP	RAPID CITY SD 57701	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Assistant Treasurer
1.3 STREET ADDRESS	Mischell, Thomas E.
1.4 CITY-ST-ZIP	One East Fourth Street - 8th Floor Cincinnati, OH 45202
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1201 Roberts Boulevard
4.3 STREET ADDRESS	Kennesaw GA 30144
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, unchanged, or on an attachment with an address.

SIGNATURE: *Thomas E. Mischell* **Thomas E. Mischell**
Assistant Treasurer **112 3/07** (513) 570-2171

CR2E034 (9/96)