## 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

## F9400003276 (2) DOCUMENT #

AMERICAN DATASCHIPCE INC.

## **FILED** May 13 1998 8:00am Secretary of State

		Mailing Address ONE EAST FOURTH 8TH FLOOR CINCINNATI OH 4520			DO NOT WRITE IN	•	
					3. Date Incorporated or Qualified 06/21/1994		
2. Principal I	Place of Business	2a. Mailing Address		·	4. FEI Number	Applied For	
	lorth Loop West	26			23-2611362	Not Applicable	
Sulte, Apt		<b>├</b> ──	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22 Su1	te 210	City & State			O Floring Country States	Fee Required	
23 Housto		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Country		8. This corporation owes or has paid t		
24 770	)18-8110 25 US	29	30		Personal Property Tax due Jurie 30.	Yes K No	
	g, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Regis	tered Agent	
	CORPORATION SYSTEM		61	Name			
1200 S. PINE ISLAND				Street Add	ot Address (P.O. Box Number is Not Acceptable)		
PL	ANTATION FL 33324			<u></u>			
			83				
			84	City		FL 85 Zip Code	
44 Dureuph	to the provinces of Sections 607 050	12 and 607 1600 Florida C	latidae the shore	named cor	poration submits this statement for the purp	<u> </u>	
office or	registered agent, or both, in the State	of Florida, Such change w	atules, the above as authorized by	the corpora	tion's board of directors. I hereby accept the	ne appointment as registered	
agent. I a	am familiar with, and accept the oblig	ations of, Section 607. <b>0</b> 505	i, Florida Statutes				
SIGNATURE	Signature, typed or pointed name of registered ag	1, 2124,0 79 1, 000 140	(NC)If: Registered Age	et rios et en cons	and the ministral	DATE	
12.		ID DIRECTORS	13.	ni signature requ	ADDITIONS/CHANGES TO OFFICER		
TITLE	DC	DELETE		T	TIOS TO STATE OF STAT	Change Addition	
NAME	TATE, JEFFREY		1.2 NAME	1	ATE, JEFFREY S.		
STREET ADDRESS	250 EAST FIFTH STREET		1.3 STREET		•		
CITY-ST-ZIP	CINCINNATI OH 45202		1.4 CITY - S	1-21P			
TITLE	DVAS	DELETE	2.1 TITLE			Change Addition	
NAME	MUETHING, MARK F		2.2 NAME				
STREET ADDRESS	250 EAST FIFTH STREET		2.3 STREET	ADDRESS			
CITY-ST-ZIP	CINCINNATI OH 45202		2.4 CITY-S	T-ZIP			
TITLE		DELETE	3.1 THLE			Change Addition	
NAME	MANEY, WILLIAM J		3.2 NAMÉ	M	MANEY II, WILLIAM J.		
STREET ADDRESS	250 EAST FIFTH STREET		3.3 STREET	ADDRESS			
CITY-ST-ZIP	CINCINNATI OH 45202		3.4 CITY-S	1-ZIP			
TITLE	PD	DELETE	4.1 TITLE	[	· — · · — ·	X Change Addition	
NAME	STREETMAN, JOHN A		4. 2 NAME	ļ			
STREET ADDRESS	1201 ROBERTS BLVD.		4.3 STREET	address			
CITY-ST-ZIP	KENNESAW GA		4.4 CITY - S	r-ziP		30144	
TITLE	S AVMOD ID W	DELETE	5.1 TITLE			X Change Addition	
NAME	GAYNOR, JR. W		5.2 NAME	G	AYNOR, JR., WILLIAM T.		
STREET ADDRESS	440 MT. RUSHMORE RD.		5.3 STREET	ADDRESS			
CITY-ST-ZIP	RAPID CITY SD		54 CITY-S	r- ZIP		57701	
TITLE	WADE TOTAL	DELETE	61 TITLE	A.	τ	Change X Addition	
NAME	WADE, JOHN E		6.2 NAME	M	ISCHELL, THOMAS E		
STREET ADDRESS	440 MT RUSHMORE RD.		6.3 STREET	, 0	NE EAST FOURTH ST		
CITY_CY. 71D	RAPID CITY SD 57701		64 CITY S	7 I OUT	INCINNATI OH 45202		

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 relieve of 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 any algorithment with an address.

Thomas E. Mischell

Assistant Treasurer

(513) 579-2171