

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

FILED
May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2010 North Loop West Suite, Apt. #, etc. 22 Suite 210 City & State 23 Houston, TX Zip 24 77018-8110		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 US		3. Date Incorporated or Qualified 06/21/1994	
4. FEI Number 23-2611362		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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	
				85 Zip Code FL	

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DC	<input type="checkbox"/> DELETE	1.1 TITLE TATE, JEFFREY S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TATE, JEFFREY		1.2 NAME	
STREET ADDRESS 250 EAST FIFTH STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP CINCINNATI OH 45202		1.4 CITY-ST-ZIP	
TITLE DVAS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE MANEY II, WILLIAM J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MANEY, WILLIAM J		3.2 NAME	
STREET ADDRESS 250 EAST FIFTH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP CINCINNATI OH 45202		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE 30144	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREETMAN, JOHN A		4.2 NAME	
STREET ADDRESS 1201 ROBERTS BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP KENNESAW GA		4.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	5.1 TITLE 57701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GAYNOR, JR. W		5.2 NAME GAYNOR, JR., WILLIAM T.	
STREET ADDRESS 440 MT. RUSHMORE RD.		5.3 STREET ADDRESS	
CITY-ST-ZIP RAPID CITY SD		5.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	6.1 TITLE AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WADE, JOHN E		6.2 NAME MISCHELL, THOMAS E	
STREET ADDRESS 440 MT RUSHMORE RD.		6.3 STREET ADDRESS ONE EAST FOURTH ST	
CITY-ST-ZIP RAPID CITY SD 57701		6.4 CITY-ST-ZIP CINCINNATI 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 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: *Thomas E. Mischell* **Thomas E. Mischell**
 Assistant Treasurer **4/20/98** (513) 579-2171

CR2E034 (10/97)