

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90052 008 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000003276**

1. Corporation Name  
**AMERICAN DATASOURCE, INC.**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/21/1994**

4. FEI Number

**23-2611362**

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

Principal Place of Business

**2010 NORTH LOOP WEST  
SUITE #210  
HOUSTON TX 77018-8110  
US**

Mailing Address

**ONE EAST FOURTH STREET  
8TH FLOOR  
CINCINNATI OH 45202**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** **1929 ALLEN PARKWAY**

Suite, Apt. #, etc.

**27** **9TH FL**

City & State

**28** **HOUSTON TX**

**29** Zip **77019** **30** Country **USA**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☒ DELETE  
NAME **TATE, JEFFREY S**  
STREET ADDRESS **250 EAST FIFTH STREET**  
CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE **DVAS** ☒ DELETE  
NAME **MUETHING, MARK F**  
STREET ADDRESS **250 EAST FIFTH STREET**  
CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE **T** ☒ DELETE  
NAME **MANEY, WILLIAM J I**  
STREET ADDRESS **250 EAST FIFTH STREET**  
CITY-ST-ZIP **CINCINNATI OH 45202**

TITLE **PD** ☒ DELETE  
NAME **STREETMAN, JOHN A**  
STREET ADDRESS **1201 ROBERTS BLVD.**  
CITY-ST-ZIP **KENNESAW GA**

TITLE **S** ☒ DELETE  
NAME **GAYNOR, WILLIM T J**  
STREET ADDRESS **440 MT. RUSHMORE RD.**  
CITY-ST-ZIP **RAPID CITY SD**

TITLE **V** ☒ 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 **CHIEF OPERATING OFFICER** ☒ Change ☐ Addition  
1.2 NAME **THOMAS J. ALEST**  
1.3 STREET ADDRESS **1929 ALLEN PARKWAY**  
1.4 CITY-ST-ZIP **HOUSTON TX 77019**

2.1 TITLE **PRESIDENT** ☒ Change ☐ Addition  
2.2 NAME **BRIAN E DAVIS**  
2.3 STREET ADDRESS **1929 ALLEN PARKWAY**  
2.4 CITY-ST-ZIP **HOUSTON TX 77019**

3.1 TITLE **SENIOR VICE PRESIDENT** ☒ Change ☐ Addition  
3.2 NAME **MATTHEW F. MCGUIRE**  
3.3 STREET ADDRESS **1929 ALLEN PARKWAY**  
3.4 CITY-ST-ZIP **HOUSTON TX 77019**

4.1 TITLE **VP** ☒ Change ☐ Addition  
4.2 NAME **J. CHRISTOPHER COUCH**  
4.3 STREET ADDRESS **1929 ALLEN PARKWAY**  
4.4 CITY-ST-ZIP **HOUSTON TX 77019**

5.1 TITLE **DIRECTOR** ☒ Change ☐ Addition  
5.2 NAME **GREGORY L. CAUTHEN**  
5.3 STREET ADDRESS **1929 ALLEN PARKWAY**  
5.4 CITY-ST-ZIP **HOUSTON TX 77019**

6.1 TITLE **TREASURER** ☒ Change ☐ Addition  
6.2 NAME **BRIAN E. DAVIS**  
6.3 STREET ADDRESS **1929 ALLEN PARKWAY**  
6.4 CITY-ST-ZIP **HOUSTON TX 77019**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. CHRISTOPHER COUCH** 4/26/99 713/522-5141

CR2E034 (11/98)