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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003276

1. Corporation Name
AMERICAN DATASOURCE, INC.

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 1929 ALLEN PARKWAY Suite, Apt. #, etc. 27 9TH FL City & State 28 HOUSTON TX Zip Country 29 77019 30 USA
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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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE DC	NAME TATE, JEFFREY S	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 250 EAST FIFTH STREET	CITY-ST-ZIP CINCINNATI OH 45202	
TITLE DVAS	NAME MUETHING, MARK F	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 250 EAST FIFTH STREET	CITY-ST-ZIP CINCINNATI OH 45202	
TITLE T	NAME MANEY, WILLIAM J I	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 250 EAST FIFTH STREET	CITY-ST-ZIP CINCINNATI OH 45202	
TITLE PD	NAME STREETMAN, JOHN A	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1201 ROBERTS BLVD.	CITY-ST-ZIP KENNESAW GA	
TITLE S	NAME GAYNOR, WILLIM T J	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 440 MT. RUSHMORE RD.	CITY-ST-ZIP RAPID CITY SD	
TITLE V	NAME WADE, JOHN E	<input checked="" type="checkbox"/> DELETE
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	1.2 NAME THOMAS J. ALEST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS 1929 ALLEN PARKWAY	1.4 CITY-ST-ZIP HOUSTON TX 77019	
2.1 TITLE PRESIDENT	2.2 NAME BRIAN E DAVIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS 1929 ALLEN PARKWAY	2.4 CITY-ST-ZIP HOUSTON TX 77019	
3.1 TITLE SENIOR VICE PRESIDENT	3.2 NAME MATTHEW F. MCGUIRE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS 1929 ALLEN PARKWAY	3.4 CITY-ST-ZIP HOUSTON TX 77019	
4.1 TITLE VP	4.2 NAME J. CHRISTOPHER COUCH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS 1929 ALLEN PARKWAY	4.4 CITY-ST-ZIP HOUSTON TX 77019	
5.1 TITLE DIRECTOR	5.2 NAME GREGORY L. CAUTHEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS 1929 ALLEN PARKWAY	5.4 CITY-ST-ZIP HOUSTON TX 77019	
6.1 TITLE TREASURER	6.2 NAME BRIAN E. DAVIS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: J. Christopher Couch DATE: 4/26/99 DAYTIME PHONE #: 713/522-5141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)