FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000003994 (0)**

1. Corporation Name
CIC SYSTEMS, INC.

Principal Place of Business
SUITE 440
7900 GLADES ROAD
BOCA RATON FL 33434

Mailing Address
SUITE 440
7900 GLADES ROAD
BOCA RATON FL 33434

3. Date Incorporated or Qualified: **08/01/1994**
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: **65-0350400** — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BELOFF, DONN A ESQUIRE
~~PROSKAUER ROSE GOETZ & MENDELSOHN~~
~~2255 GLADES ROAD~~
~~BOCA RATON FL 33431~~

change of address - see right →

10. Name and Address of New Registered Agent
81 Name: Beloff, Donn A, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): Holland + Knight
83: 1 East Broward Blvd
84 City: Ft. Lauderdale FL 85 Zip Code: 33302

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 the capacity of) (NOTE: Registered Agent signature required when resubmitted) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PC	☐ DELETE
NAME	FARRELL, RONALD G	
STREET ADDRESS	7900 GLADES ROAD, SUITE 440	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	ST	☐ DELETE
NAME	CHISTE, JOHN F	
STREET ADDRESS	7900 GLADES ROAD, SUITE 440	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO/C/O	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	☐ Change ☒ Addition
3.2 NAME	SLOVENEC, FRANK	
3.3 STREET ADDRESS	7900 Glades Road, Suite 440	
3.4 CITY-ST-ZIP	Boca Raton, FL 33434	
4.1 TITLE	VP	☐ Change ☒ Addition
4.2 NAME	IRA COHEN	
4.3 STREET ADDRESS	7900 Glades Road, Suite 440	
4.4 CITY-ST-ZIP	Boca Raton, FL 33434	
5.1 TITLE	VP	☐ Change ☒ Addition
5.2 NAME	Samuel C. McElhaney	
5.3 STREET ADDRESS	7900 Glades Road, Suite 440	
5.4 CITY-ST-ZIP	Boca Raton, FL 33434	
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 3-15-96 (407) 482-6678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN F. CHISTE

CR2E034 (12/95)