APPROVED
AND
FILED

95 JUN 23 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # F94000004267

1. Corporation Name
HSA INTERNATIONAL, INC.

Principal Place of Business / Mailing Address
4799 Olde Towne Parkway, N.E.
Suite 201
Marietta, Georgia 30068

DO NOT WRITE IN THIS SPACE.

2. Date Incorporated or Qualified: 08/17/94
2a. Date of Last Report:

3. Principal Place of Business
31 100 North Tampa St.
32 Suite 2610
33 Tampa, Florida
34 Zip: 33602
35 County: Hillsborough

3a. Mailing Address
36
37
38
39 Zip
40 Country

4. FEI Number: 58-2000217 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

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

9. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Chairman, CEO Johnson, Dennis 100 North Tampa, Suite 2610 Tampa, Florida 33602	☐ Change ☐ Addition 900001522779 -06/26/95--01028--013 ****233.75 ****233.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Secretary, Treasurer, CFO O'Keeffe, Jack G. 100 North Tampa St., Ste. 2610 Tampa, Florida 33602	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: P, COO Tisony, James 100 North Tampa ST. Ste. 2610 Tampa, Florida 33602	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: V.P. Johnson, Alice 100 North TAmpa ST. Ste. 2610 Tampa, Florida 33602	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Exec. V.P. Marketing Meeks, Thomas 100 North Tampa St., Ste 2610 Tampa, Florida 33602	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	☐ Change ☐ Addition

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)(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 10 or Block 12 if changed, or on an attachment with an address.

SIGNATURE: Dennis Johnson 6/22/95
Name and Title of Natural Person Authorized to Sign on Behalf of Filing Entity — Date — Telephone Number

JUN 21 '95 01:25PM CAPITAL CONNECTION P.2