FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

1995 MAY -1 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/04/95--01026--013
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE

DOCUMENT # F94000005288

1. Corporation Name

NATIONAL COMPUTER RESOURCES, INC OF N.J.

Principal Place of Business	Mailing Address
25 S. MAGNOLIA AVE	25 S. MAGNOLIA AVE
ORLANDO, FL 32801	ORLANDO, FL 32801

3. Date Incorporated or Qualified: OCT 12, 1994

3a. Date of Last Report: —

2. Principal Place of Business	2a. Mailing Address
21	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: 22-3151757 ☐ 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	10. Name and Address of New Registered Agent
STEPHEN T. BARRY	81 Name
25 S. MAGNOLIA AVE	82 Street Address (P.O. Box Number is Not Acceptable)
ORLANDO, FL 32801	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.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C/P	11 TITLE		☐ Change ☐ Addition
NAME	RICHARD W AILTS	12 NAME		
STREET ADDRESS	300 BUCKELEW AVE, SUITE 201	13 STREET ADDRESS		
CITY ST ZIP	JAMESBURG, NJ 08831	14 CITY ST ZIP		
TITLE	V/C/S/T	21 TITLE		☐ Change ☐ Addition
NAME	FREDERICK SMITH	22 NAME		
STREET ADDRESS	300 BUCKELEW AVE, SUITE 201	23 STREET ADDRESS		
CITY ST ZIP	JAMESBURG, NJ 08831	24 CITY ST ZIP		
TITLE		31 TITLE	D	☐ Change ☒ Addition
NAME		32 NAME	STEPHEN T. BARRY	
STREET ADDRESS		33 STREET ADDRESS	25 S. MAGNOLIA AVE.	
CITY ST ZIP		34 CITY ST ZIP	ORLANDO, FL 32801	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME	THRU 5-1-95	
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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, added or deleted.

SIGNATURE: _____ 4/25/95 407-426-7226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STEPHEN T. BARRY