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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 31 AM 9:12

DOCUMENT # **F94000006066 (4)**

1. Corporation Name
NOVA INFORMATION SYSTEMS, INC.

Principal Place of Business	Mailing Address
1562 ATLANTIC BOULEVARD JACKSONVILLE FL 32207	1562 ATLANTIC BOULEVARD JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/28/1994**
3a. Date of Last Report:

2. Principal Place of Business
21 5 CONCOURSE PKWY
Suite, Apt. #, etc.
22 SUITE 700
City & State
23 ATLANTA, GA
Zip 24 30328 Country 25 FULTON

2a. Mailing Address
26 5 CONCOURSE PKWY
Suite, Apt. #, etc.
27 SUITE 700
City & State
28 ATLANTA, GA
Zip 29 30328 Country 30 FULTON

4. FEI Number: **58-1916822** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	11 TITLE	☐ Change ☐ Addition
NAME	GRZEDZINSKI, EDWARD	12 NAME	
STREET ADDRESS	FIVE CONCOURSE PARWKAY, SUITE 700	13 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA 30328	14 CITY ST ZIP	
TITLE	CFOD	21 TITLE	☐ Change ☐ Addition
NAME	BAHIN, JAMES M	22 NAME	
STREET ADDRESS	FIVE CONCOURSE PARWKAY, SUITE 700	23 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA 30328	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	BAHIN, JAMES M	32 NAME	
STREET ADDRESS	FIVE CONCOURSE PARWKAY, SUITE 700	33 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA 30328	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KRESSEL, HENRY	42 NAME	
STREET ADDRESS	466 LEXINGTON AVENUE, 10TH FLOOR	43 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY 10017	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LANDY, JOSEPH P	52 NAME	
STREET ADDRESS	466 LEXINGTON AVENUE, 10TH FLOOR	53 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY 10017	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	EBBERS, BERNARD J	62 NAME	
STREET ADDRESS	515 EMITE	63 STREET ADDRESS	
CITY ST ZIP	JACKSON MS 39201	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, or on an attachment with an addre[illegible]

SIGNATURE: EDWARD GRZEDZINSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016140 CP