


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000006607 (5)
 1. Corporation Name
MICAH SYSTEMS, INC.



Principal Place of Business 2900 PRESIDENTIAL DR., #230 FAIRBORN OH 45324-6743	Mailing Address 2900 PRESIDENTIAL DR., #230 FAIRBORN OH 45324-6743
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1994	
21		26		4. FEI Number 31-1093909	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country		30 Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MAYSE, MICHAEL 8559 BOYSENBERRY LN JACKSONVILLE FL 32244				81	Name		
				82	Street Address (P.O. Box Number Is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMSTOCK, SUSAN	1.2 NAME	
STREET ADDRESS	2900 PRESIDENTIAL DR., #230	1.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRBORN OH	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMSTOCK, DOUGLAS K	2.2 NAME	
STREET ADDRESS	2900 PRESIDENTIAL DR., #230	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRBORN OH	2.4 CITY-ST-ZIP	
TITLE	CEO <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORT JR. ALONZO E.	3.2 NAME	
STREET ADDRESS	5205 LEESBURG PIKE 210	3.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VA	3.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHORT ROSALIN R.	4.2 NAME	
STREET ADDRESS	5205 LEESBURG PIKE 210	4.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, MARK	5.2 NAME	
STREET ADDRESS	2900 PRESIDENTIAL DR, STE 230	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRBORN OH	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Mark A Hamilton = **MARKIA HAMILTON** 1/14/98 937-439-2991

CR2E034 (10/97)