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 # **F95000000627 (8)**

1. Corporation Name
LEGI-TECH, INC.

Principal Place of Business
26 S. MONROE STREET
SUITE 100
TALLAHASSEE FL 32301

Mailing Address
26 S. MONROE STREET
SUITE 100
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: **02/06/1995**
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **94-2814717** — 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**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. **Name and Address of New Registered Agent**

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City — **FL** — 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the [illegible] 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

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	JOB, ANN	
STREET ADDRESS	109 J. STREET, SUITE 450	
CITY-ST-ZIP	SACRAMENTO CA 95814	
TITLE	VD	☐ DELETE
NAME	HONEYSETT, WILLIAM L	
STREET ADDRESS	2100 Q. STREET	
CITY-ST-ZIP	SACRAMENTO CA 95816	
TITLE	S	☐ DELETE
NAME	FLACH, WILLIAM C	
STREET ADDRESS	2100 Q. STREET	
CITY-ST-ZIP	SACRAMENTO CA 95816	
TITLE	TD	☐ DELETE
NAME	SMITH, JAMES P	
STREET ADDRESS	2100 Q. STREET	
CITY-ST-ZIP	SACRAMENTO CA 95816	
TITLE	D	☐ DELETE
NAME	POTTS, ERWIN	
STREET ADDRESS	2100 Q. STREET	
CITY-ST-ZIP	SACRAMENTO CA 95816	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	SAME	☒ Change ☐ Addition
32 NAME	Karole Morgan-Prager	
33 STREET ADDRESS	SAME	
34 CITY-ST-ZIP	SAME	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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)(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: [signature] 4/29/96 (916)447-1886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)