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 # **F95000003684 (6)**

1. Corporation Name

MID-ATLANTIC DATA SERVICES, INC.

Principal Place of Business	Mailing Address
BOX 434 BRIDGEVILLE PA 15017-0434	BOX 434 BRIDGEVILLE PA 15017-0434

3. Date Incorporated or Qualified: **07/28/1995**

3a. Date of Last Report:

2. Principal Place of Business
21: 5421 BEAUMONT CTR BLVD.
Suite, Apt. #, etc. 22: STE 650
City & State 23: TAMPA FL
Zip 24: 33634-5200 Country 25:

2a. Mailing Address
26: Box 434
Suite, Apt. #, etc. 27:
City & State 28: BRIDGEVILLE PA
Zip 29: 15017 Country 30:

4. FEI Number: 25-1475306 ☐ 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

QUEEN, HAROLD L
5811 MEMORIAL HWY., STE 104
TAMPA FL 33615

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	QUEEN, HAROLD L		1.2 NAME	
STREET ADDRESS	5811 MEMORIAL HWY., STE 104		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33615		1.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, HAROLD M		2.2 NAME	
STREET ADDRESS	1200 S OCEAN BLVD., APT 11-H		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432		2.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ANTHONY, GEORGE T		3.2 NAME	
STREET ADDRESS	7955 FISHER ISLAND		3.3 STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND FL 33109		3.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROTHERMEL, RICHARD L		4.2 NAME	
STREET ADDRESS	565 E SWEDESFORD RD., STE 214		4.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE PA 19087		4.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DEMPSTER, MICHAEL J		5.2 NAME	
STREET ADDRESS	1200 TWO CHATHAM CENTER		5.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA 15219		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Harold Queen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-1996 — 412-745-3282
Date — Daytime Phone #