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

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
99 MAR 11 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005847

1. Corporation Name

Electronic Data Submission Systems, Inc.

Principal Place of Business / Mailing Address

4575 Galley Road, Suite 100A
Colorado Springs, Colorado 80915

REINSTATEMENT 98-99 AR

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/26/97

2. Principal Place of Business	2a. Mailing Address
21 7899 Lexington	26 7899 Lexington
Suite Apt. #, etc. 22 Suite 203	Suite Apt. #, etc. 27 Suite 203
City & State 23 Colorado Springs, CO	City & State 28 Colorado Springs, CO
Zip 24 80920 Country 25 U.S.A.	Zip 29 80920 Country 30 U.S.A.

4. FEI Number: 84-1162764 ☐ 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 owes or has paid the current year intangible Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 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: SAME AGENT IS RETAINED Karen B. Rozar — **Karen B. Rozar, As Its Agent**

Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required when designating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE	11 TITLE P/D ☐ Change ☐ Addition 12 NAME Joseph D. Truscelli 13 STREET ADDRESS 7899 Lexington, Suite 203 14 CITY-ST-ZIP Colorado Springs, Colorado 80920
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE	21 TITLE C/D ☐ Change ☐ Addition 22 NAME Terrence S. Cassidy 23 STREET ADDRESS 7899 Lexington, Suite 203 24 CITY-ST-ZIP Colorado Springs, Colorado 80920
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE	31 TITLE D ☐ Change ☐ Addition 32 NAME Timothy Mathews 33 STREET ADDRESS 7899 Lexington, Suite 203 34 CITY-ST-ZIP Colorado Springs, Colorado 80920
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE	41 TITLE S ☐ Change ☐ Addition 42 NAME James Kardon 43 STREET ADDRESS 7899 Lexington, Suite 203 44 CITY-ST-ZIP Colorado Springs, Colorado 80920
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ DELETE	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 200002803622--4 64 CITY-ST-ZIP

CR2E034 (10/97)

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: Joseph D. Truscelli 3/8/99 (719)277-7545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

00