03-16-1999 90060 047 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9600000379 1. Corporation Name LEADER DATA PROCESSING INC.									indicated and a second			
Principal Place	e of Business	Mailing Address					118		011(1 00 311 0 1		1 40 111 1 6140 11111	19819 1911 (88)
PO BOX O HAZLETON PA 18201		PO BOX O HAZLETON PA 18201					DO	NOT WR	ITE IN TH	S SPACE		
							3. Date Inc 01/23/	orporated o	r Qualifed			
2. Principal Pl	ace of Business	2a. Mailing Address 26					4. FEI Nun 23-169				No	plied For t Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc. 27					5. Certifca	e of Status	Desired		\$8.75 A	I
City & State	е	City & State						Campaign I nd Contribu			\$5.00 Added.t	
Zip 24	Country 25	Zip 3	Coun	try			Persona	poration ow Property T	ах.		Yes	□No
•	9. Name and Address of Curren	t Registered Agent		81		1	0. Name a	nd Address	s of New	Registered	d Agent	
C T CORPORATION SYSTEM					Name							
1200 SOUTH PINE ISLAND ROAD				82	Street A	Address	(P.O. Box	Number is N	lot Accept	table)		}
PLANTATION FL 33324												
				83								
			[84	City					F	85 Zip (Code
office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was aut	honzed	DV 1	ine corpo	corporat oration's	tion submits board of di	this statem rectors. I he	ent for the reby acce	purpose o	of changing its pintment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered ager	it and title if applicable. (NOTE: F	Registered A	Agent	t signature re	aquired who	en reinstating)			DATE		
12.	**	D DIRECTORS	13.	_	—-		ADDITIO	NS/CHANG	ES TO OF	FICERS A	ND DIRECTO	Addition
TITLE	_			1.1 TITLE							☐ Criange) Addition (
NAME				1.2 NAME								
STREET ADDRESS					ADDRESS							ļ
CITY-ST-ZIP	VD.				-ZIP						☐ Change	☐ Addition
TITLE					-	l						
NAME	- HO - DOY - 1400			2.2 NAME 2.3 STREET ADDRESS								
STREET ADDRESS	WEATHER VIDA 40044			2. 4 CITY-ST-ZIP								}
CITY-ST-ZIP TITLE				3.1 TITLE			4				☐ Change	☐ Addition
NAME	-			3.2 NAME						. –		^
STREET ADDRESS				3.3 STREET ADDRESS								
CITY-ST-ZIP	DD1 1440 D4			3.4. CITY-ST-ZIP								
TITLE	D DELETE 4.1			4.1 TITLE						·	(V) Change	☐ Addition
NAME				4. 2 NAME					0			
STREET ADDRESS				4.3 STREET ADDRESS			27 R	YSTON HILLS	PLA	CE		
CITY-ST-ZIP				Y-ST	-ZIP	BEV	ERLY	HILLS	CA	903	210	— 4 3 20
TITLE	D	☐ DELETE	5.1 TITL								Change	☐ Addition
NAME	MATRICCINO, DANIEL		5.2 NAM									
STREET ADDRESS	RR 2 BOX 1250				ADDRESS							{
CITY-ST-ZIP	DRUMS PA	<u> </u>	5.4 CIT		- ZIP						Channa	Addition
TITLE		☐ DELETE	6.1 TITI								☐ Change	
NAME I	1		6.2 NA	71L	- 1	1						

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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

570-455-8511