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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000006014 (2)

1. Corporation Name
PROMPT ASSOCIATES, INC.



Principal Place of Business

4 TRIAD ST.
SALT LAKE CITY UT 84180

Mailing Address

4 TRIAD ST.
SALT LAKE CITY UT 84180-1411

3. Date Incorporated or Qualified

10/25/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

22-3102075

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature type or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTDC
NAME ROBERTO, JAMES T
STREET ADDRESS 4 TRIAD ST.
CITY-ST-ZIP SALT LAKE CITY UT 84180

☐ DELETE

TITLE VS
NAME PATTERSON, ROBERT S
STREET ADDRESS 2174 E. WILLOWBROOK WAY
CITY-ST-ZIP SANDY UT 84092

☐ DELETE

TITLE V
NAME BONKOSKE, JOHN C
STREET ADDRESS 316 N. GRAND ST.
CITY-ST-ZIP HINSDALE IL 60521

☐ DELETE

TITLE V
NAME FLAHERTY, SALLY R
STREET ADDRESS 11808 OLD ANNAPOLIS RD.
CITY-ST-ZIP FREDERICK MD 21701

☐ DELETE

TITLE D
NAME MANNION, MARTIN
STREET ADDRESS 23 MARLBOROUGH ST.
CITY-ST-ZIP BOSTON MA 02118

☒ DELETE

TITLE D
NAME GLOVER, PAUL S
STREET ADDRESS 15 GREEN RIDGE LANE
CITY-ST-ZIP WEST HARTFORD CT 06107

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0496846

CR2E034 (9/96)