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

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600006014 (2)

PROMPT ASSOCIATES, INC.

FILED Apr 30 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address 4 TRIAD ST. SALT LAKE CITY UT 84180 SALT LAKE CITY UT 84180 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 130 SECOND AVENUE 22-3102075 4 TRIAD CENTER Not Applicable Suite, Apt #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired SUITE ATTN: CORP. TAX DEPT Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 WALTHAM MΑ 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Name 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 City 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTOC DELETE 1.1 TITLE Change Addition ROBERTO, JAMES T HAME 12 NAME 4 TRIAD ST. STREET ADDRESS 4 TRIAD CENTER, SUITE 750 1.3 STREET ADDRESS SALT LAKE CITY UT 84180 CITY-ST-Z#P 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition PATTERSON, ROBERT S NAME 2.2 NAME 2174 E. WILLOWBROOK WAY 4 TRIAD CENTER, SUITE 750 STREET ADDRESS 23 STREET ADDRESS **SANDY UT 84092** CITY-ST-ZIP 2 4 CITY-ST-ZIP SALT LAKE CITY, UT 84180 DELETE TITLE 31 TITLE Addition BONKOSKE, JOHN C JOHN C BON KASKE II NORTH GRANT STREET NAME 3.2 NAME 316 N. GRAND ST. STREET ADDRESS 3.3 STREET ADDRESS HINSDALE IL 60521 CITY-ST-ZIP 3.4 CITY-ST-7IP DELETE TITLE Change 4.1 TITLE ☐ Addition FLAHERTY, SALLY R NAME 4. 2 NAME RENEE FLAHERTY 5340 SPECTRUM DRIVE, SUITE 11 11606 OLD ANNAPOLIS RD. STREET ADDRESS 4.3 STREET ADDRESS FREDERICK MD 21701 CITY-ST-ZIP FREDERICK, MD 21703 4.4 CITY-ST-ZIP TITL F DELETE 5.1 TITLE **V/S** NAME 5 2 NAME RICHARD A. PARR IL 5080 SPECTRUM DRIVE, W. TOWER, STE 400 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-2WP 5.4 CITY-ST-ZIP DALLAS, TX 75248 DELETE TITLE 6.1 TITLE V/T/D NAME 6.2 NAME JOSEPH F. PESCE STREET ADDRESS **6.3 STREET ADDRESS** 312 UNION WHARF

CITY-ST-ZIP

6.4 CITY-ST-ZIP

BOSTDN, MA DOLLOG

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.

VP+ CONTENIER U/15/48 /78/291:5350