

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000000172 (3)

1. Corporation Name

AUTOMATED DISPATCH SOLUTIONS, INC.

Principal Place of Business

Mailing Address

1209 ORANGE STREET
WILMINGTON DE 19801

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WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/09/1997

4. FEI Number

13-3765416

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHERMYEN, JOHN
8175 N.W. 12TH STREET, SUITE 430
MIAMI FL 33126

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, typed or printed name of registered agent as applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SHERMYEN, JOHN
STREET ADDRESS 8175 N.W. 12TH STREET, SUITE 430
CITY-ST-ZIP MIAMI FL 33126

TITLE V ☐ DELETE

NAME WEKSEL, WILLIAM
STREET ADDRESS 438 GATEWAY BOULEVARD
CITY-ST-ZIP BURNSVILLE MN 55337-2564

TITLE S ☒ DELETE

NAME DAVIES, ROBERT H
STREET ADDRESS 438 GATEWAY BOULEVARD
CITY-ST-ZIP BURNSVILLE MN 55337-2564

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President / CEO / DIRECTOR ☒ Change ☐ Addition

1.2 NAME John L. Shermeyen
1.3 STREET ADDRESS 8323 N.W. 12th Street Suite 109
1.4 CITY-ST-ZIP Miami, FL 33126

2.1 TITLE CHAIRMAN OF THE BOARD ☒ Change ☐ Addition

2.2 NAME WILLIAM WEKSEL
2.3 STREET ADDRESS 298 WOODLAND STREET
2.4 CITY-ST-ZIP TENAFLY, NJ 07670

3.1 TITLE VICE PRESIDENT, CFO + DIRECTOR ☐ Change ☒ Addition

3.2 NAME MICHAEL E. WEKSEL
3.3 STREET ADDRESS 1895 ADELPHI BLVD., SUITE #306
3.4 CITY-ST-ZIP COLLEGE PARK, GA 30349

4.1 TITLE DIRECTOR ☐ Change ☒ Addition

4.2 NAME JOHN PAPPASOHN
4.3 STREET ADDRESS 2116 FINANCIAL CENTER
4.4 CITY-ST-ZIP DES MOINES, IA 50309

5.1 TITLE DIRECTOR ☐ Change ☒ Addition

5.2 NAME DERALE L. SCHAFER, MD
5.3 STREET ADDRESS 3489 ELMWOOD AVENUE
5.4 CITY-ST-ZIP ROCHESTER, NY 14610

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

CR2E034 (10/97)