


FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90038 006 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000928

1. Corporation Name

DISTRIBUTION ASSOCIATES SOUTH, INC.

EFFECTIVE 1-1-99 WE WILL BE DOING BUSINESS UNDER

~~PENKERTON SYSTEMS INTEGRATIONS WITH A NEW FEI#~~

4995 AVALON RIDGE PKWY  
100  
NORCROSS GA 30071  
US

4995 AVALON RIDGE PKWY  
100  
NORCROSS GA 30071  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		28 Suite, Apt. #, etc.		02/20/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		58-1435002	
24 Country		30 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SIMMONS, LARRY W  
7558 SOUTHLAND BLVD STE 110  
ORLANDO FL 32809

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

*Larry W. Simmons*

Larry W. Simmons

2-23-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SIMMONS, LARRY W	
STREET ADDRESS	5735 PRESERVE CIRCLE	
CITY-ST-ZIP	ALPHARETTA GA 30202	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARTER, C. MICHAEL	
STREET ADDRESS	5820 KANAN DUME	
CITY-ST-ZIP	MALIBU CA 90265	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCCLOSKEY, JAMES P	
STREET ADDRESS	24983 LORENA DR.	
CITY-ST-ZIP	CALABASSIS CA 91302	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

Please close this account.

SIGNATURE:

*Larry W. Simmons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Regional Controller 770-441-3692

2-23-99

Date

Daytime Phone #