05-07-2002 90218 006 \*\*\*150.00

## **DOCUMENT #** F97000002791

1. Entity Name

VITAL COMPUTER SERVICES, INC.

Principal Place of Business

5605 CARNEGRE BLVD

SUITE 500

2. Principal Place of Business

**CHARLOTTE NC 28209** 

Mailing Address

3. Mailing Address

5605 CARNEGIE BLVD. STE. 500

CHARLOTTE NC 28209

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2709	Water Ridge Pkwy	2709 Water	Ridge Pk	pw:					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRIT	E IN THIS SPACE	Ε		
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Charl		Charlotte,	NC.		4. FEI Number 56-1977714		Applied F Not Appli	$\overline{}$	
Zip	Country	Zip	Country			\$8.7	75 Additional		
2821	7 Meck.	28217	Meck	.	5. Certificate of Status Desired		Required		
	6. Name and Address of Current R	egistered Agent			7. Name and Address of New Registered Agent				
		Name	Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
				R The above	named entity submits this statement for t	he purpose of changing its	registered office or	rogistoro	n agent or both in the State of Ele
u. The above	married entity submits this statement for i	ine purpose or changing its	registered office of	registeret	a agent, or both, in the state of Fig	riua.		Ì	
CICNIATURE									
SIGNATURE.	Signature, typed or printed name of registered agent and	d title if applicable. (NOT	E: Registered Agent signatu	re required wi	hen reinstating)	DATE		-	
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE									
			002 Fee will be \$550.00		10. Election Campaign Finance Fund Contribution		\$5.00 May		
(See criter	ria on back)	Make Check Payat	ole to Departmen	of State	Trust Fund Contribution	ا. اسما	Added to Fee	38	
11.	OFFICERS AND D	IRECTORS	12.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRE	CTORS IN 11		
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NAME	Bramlett jr, ken r		NAME						
STREET ADDRESS	5605 CARNEGRE BLVD ST 500	•	STREET ADDRESS	2709	Water Ridge Flotte, NC 28	PKWY		1	
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NAME	BARKER, MICHAEL H	Boloto	NAME			_	9		
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CITY-ST-ZIP	CHARLOTTE NC 28209		CITY-ST-ZIP	Cha	1 Water Ridge Flotte, NC 28:	<u> </u>			
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NAME		DUINO	NAME				· • · · · · · · · · · · · · · · · · · ·	- 3	
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CITY-ST-ZIP			CITY-ST-ZIP					{	
13. I hereby o	ertify that the information supplied with the	is filing does not qualify for	the exemption stat	ed in Secti	ion 119.07(3)(i), Florida Statutes, I	further certify tha	t the informat	ion	

indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

R. Bramlett, Jr. 4/11/02