

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

**FILED**  
**Feb 08, 1999 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-08-1999 90066 005 \*\*\*\*150.00

**DOCUMENT # F97000002985**

1. Corporation Name  
**DIGITAL PROCESSING SYSTEMS, INC.**



Principal Place of Business: 11 SPRIAL DR. FLORENCE KY 41042  
 Mailing Address: 11 SPRIAL DR. FLORENCE KY 41042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/09/1997**  
 4. FEI Number: **61-1211582**  
 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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21  
 2a. Mailing Address: 26  
 Suite, Apt. #, etc.: 22, 27  
 City & State: 23, 28  
 Zip: 24, 29 Country: 25, 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**WHITE, DAVID**  
**182 SAND KEY ESTATES DR**  
**CLEARWATER BEACH FL 33767**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAZACKERLEY, JOHN	1.2 NAME	
STREET ADDRESS	12472 W TOWN LINE S, RR 3, STATION MAIN	1.3 STREET ADDRESS	
CITY-ST-ZIP	STOUFFVILLE, ONTARIO L4A 7X4	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOGAR, BRAD	2.2 NAME	
STREET ADDRESS	3146 WILLIAMS CREEK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45244	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN RASSEL, WILLIAM	3.2 NAME	
STREET ADDRESS	8 REJANE CRESCENT	3.3 STREET ADDRESS	
CITY-ST-ZIP	THORNHILL, ONTARIO L4J 478	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUIS, RUI	4.2 NAME	
STREET ADDRESS	3030 LAKESHORE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON, ONTARIO L7N 1A1	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **BRAD L. NOGAR** 1-12-1999 606-371-5533  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)