Mailing Address

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F97000004267

1. Corporation Name

Principal Place of Business

DATA SYSTEMS INTERNATIONAL, INC. OF KANSAS

| OVERLAND PAR                | IK KS 66210   | OVERLAND PARK KS 66210            |                |             |  | חט אט  | IT WRIT                                     | E IN TH S             | SPACE                  | :                           |                     |                     |
|-----------------------------|---|-----------------------------------|----------------|-------------|--|--|---|-----------------------|------------------------|-----------------------------|---------------------|---------------------|
|                             |   |                                   |                |             |  | 3 Date   | Ir corporated or Q                          |                       |                        | , oi Noc                    |                     |                     |
|                             |   |                                   |                |             |  | 1  | 4/1997                                      | Jamed                 |                        |                             |                     |                     |
| 2 Principal Pl              | ace of Business   | 2a. Mailing Address               |                | _           |  | 4. FEI N   |   |                       | <u></u>                |                             | App                 | ied For             |
| 21                          | ace of Dualitiess   | 26                                |                |             |  | 1  | 172651                                      |                       |                        |                             | <del></del>         | Applicable          |
| Suite, Apt.                 | #, etc.   | Suite, Apt. #, etc.               |                |             |  |  | 5 Codificate of Status Desired   \$8.75     |                       |                        |                             | 75 Ac               |                     |
| City & S ate                | -   | City & State                      |                |             |  | & Float  | ion Compaign Fins                           | neina                 |                        |                             |                     |                     |
| 23                          | 28  |                                   |                |             |  | 6. Election Campaign Financing Trust Fund Contribution                         |   |                       |                        | \$5.00 May Be Added to Fees |                     |                     |
| Zip                         | Country   | Zip                               | Country        | У           |  |  | ccrporation owes t                          | he curre              | nt year In             |                             | г                   |                     |
| 24                          | 25 29 30  |                                   |                |             |  | Personal Property Tax. Yes []No  10. Name and Address of New Registere 1 Agent |   |                       |                        |                             | JNo                 |                     |
|                             | 9. Name and Address of Current  | Registered Agent                  | 81             | ٠.          | Na 0   | 10. Nam  | e and Address of                            | New Ke                | egistere 1             | Agent                       |                     |                     |
| D7E0                        | SZUTKO, ROBERT A  |                                   | 61             | ,           | Name   |  |   |                       |                        |                             |                     |                     |
| 211 [                       |   | 82                                | 2 :            | Street Addr | reet Address (P.O. Box Number is Not Acceptable) |  |   |                       |                        |                             |                     |                     |
| ORLA                        | ANDO FL 32828   |                                   | 83             | 3           |  |  |   |                       |                        |                             |                     |                     |
|                             |   |                                   | 84             | 4 (         | City —   |  |   |                       | FL                     | 85                          | Zip Co              | ode                 |
| office or re<br>agent. I ar | to the provisions of Sections 607.0502<br>egistered agent, or both, in the State of<br>m familiar with, and accept the obligation | Florida, Such change was au       | thorized by    | v the       | named corporation                                | oration subn<br>on's board of  | nits this statement<br>f directors. I hereb | for the p<br>y accept | ourpose of<br>the appo | f changin<br>intment a      | ng its n<br>as regi | egistered<br>stered |
| SIGNATURE                   | Signature, typed or printed nar ie of registered agent  | and title if applicable. (NOTE: I | Registered Age | ent se      | gnature required                                 | d when reinstatin  | 9)  |                       | DATE                   |                             |                     |                     |
| 12.                         | OFFICERS AND  | DIRECTORS                         | 13.            |             |  | ADDIT  | IC NS/CHANGES                               | TO OFF                | ICERS / J              | VD DIRE                     | CTOR                | S IN 12             |
| TITLE                       | CCEO  | ☐ DELETE                          | 1.1 TITLE      |             |  |  |   |                       |                        | ☐ Cha                       | inge                | ☐ Addition          |
| NAME                        | MCGRAW, MICHAEL J   |                                   | 1.2 NAME       |             |  |  |   |                       |                        |                             |                     | - 1                 |
| STREET ADDRESS              | 7801 WEST 110TH ST., STE. 200   | )                                 | 1.3 STREE      | ET AD       | ODRESS   |  |   |                       |                        |                             |                     |                     |
| CITY-ST-ZIP                 | OVERLAND PARK KS 66210  |                                   | 1.4 CITY-5     | ST-Z        | IP   |  |   |                       |                        |                             |                     |                     |
| TITLE                       | OP .  | ☐ DELETE                          | 2.1 TITLE      |             |  |  |   |                       |                        | Cha                         | inge                | ☐ Addition          |
| NAME                        | SAATHOFF, KENNETH L   |                                   | 2.2 NAME       | :           | )  |  |   |                       |                        |                             |                     | )                   |
| STREET ADORESS              | 7801 WEST 110TH ST., STE. 200   | )                                 | 2.3 STREE      | ET AC       | DORESS   |  |   |                       |                        |                             |                     | Ì                   |
| CITY-ST-ZIP                 | OVERLAND PARK KS 66210  |                                   | 2. 4 CITY-     | -ST-Z       | ZIP  |  |   |                       |                        |                             |                     |                     |
| TITLE                       | CFO   | ☐ DELETE                          | 3.1 TITLE      |             |  |  |   |                       |                        | ☐ Cha                       | inge                | ☐ Addition          |
| NAME                        | STEPHENS, DANIEL L  |                                   | 32 NAME        |             |  |  |   |                       |                        |                             |                     |                     |
| STREET ADDRESS              | 7801 WEST 110TH ST., STE. 200   | )                                 | 3.3 STREE      | ET AD       | DDRESS   |  |   |                       |                        |                             |                     |                     |
| CITY-ST-ZIP                 | OVERLAND PARK KS 66210  |                                   | 3.4. CITY-     | \$T-Z       | ZIP  |  |   |                       |                        |                             |                     |                     |
| TITLE                       |   | ☐ DELETE                          | 4.1 TITLE      |             |  |  |   |                       |                        | ☐ Cha                       | ange                | Addition            |
| NAME                        |   |                                   | 4, 2 NAME      | E           |  |  |   |                       |                        |                             |                     |                     |
| STREET ADDRESS              |   |                                   | 4.3 STREE      | ETAD        | ODRESS   |  |   |                       |                        |                             |                     |                     |
| CITY-ST-ZIP                 |   |                                   | 4.4 CITY-      | ST-Z        | ne   |  |   |                       |                        |                             |                     |                     |
| TITLE                       |   | ☐ DELETE                          | 5.1 TITLE      |             |  |  |   |                       |                        | ☐ Cha                       | ange                | Addition            |
| NAME                        |   |                                   | 5.2 NAME       | :           |  |  |   |                       |                        |                             |                     |                     |
| STREET ADDRESS              |   |                                   | 5.3 STREE      | ET AD       | DORESS   |  |   |                       |                        |                             |                     |                     |
| CITY-ST-ZIP                 |   |                                   | 54 CITY-       | ST-Z        | IP ]   |  |   |                       |                        |                             |                     |                     |
| TITLE                       |   | ☐ DELETE                          | 6.1 TITLE      |             |  |  | <del></del>                                 |                       |                        | ☐ Cha                       | ange                | Addition            |
| NAME                        |   |                                   | 62 NAME        | :           |  |  |   |                       |                        |                             |                     |                     |
| STREET ADDRESS              |   |                                   | 6.3 STREE      | ETAC        | DDRESS   |  |   |                       |                        |                             |                     |                     |
|                             |   |                                   | -              |             |  |  |   |                       |                        |                             |                     |                     |

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 suppliemental 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 charged or on an attacking it with an other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNING OFFICEF OR DIRECTOR

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90046 046 \*\*\*150.00