


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

**FILED**  
**Jul 14, 1999 8:00 am**  
**Secretary of State**

07-14-1999 90018 004 \*1,108.75

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F97000006195</b> 1. Corporation Name <b>BLUE DOT SERVICES INC.</b>			
Principal Place of Business <b>500 FAIRWAY DR</b> <b>205</b> <b>DEERFIELD BEACH FL 33431</b> <b>US</b>		Mailing Address <b>500 FAIRWAY DR</b> <b>205</b> <b>DEERFIELD BCH FL 33431</b> <b>US</b>	
2. Principal Place of Business 21 <b>13680 NW 5th Street</b> Suite, Apt. #, etc. 22 <b>Suite 200</b> City & State 23 <b>Sunrise, FL</b> Zip Country 24 <b>33325</b> 25 <b>US</b>		2a. Mailing Address 26 <b>13680 NW 5th Street</b> Suite, Apt. #, etc. 27 <b>Suite 200</b> City & State 28 <b>Sunrise, FL</b> Zip Country 29 <b>33325</b> 30 <b>US</b>	
3. Date Incorporated or Qualified <b>11/21/1997</b>			
4. FEI Number <b>41-1880348</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301-2525</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City <b>FL</b> 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>VC/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, MERLE</b>	1.2 NAME	<b>HYLLAND, RICHARD R.</b>
STREET ADDRESS	<b>125 SOUTH DAKOTA AVENUE SUITE 1100</b>	1.3 STREET ADDRESS	<b>125 SOUTH DAKOTA AVENUE SUITE 1100</b>
CITY-ST-ZIP	<b>SIOUX FALLS SD 57104-6403</b>	1.4 CITY-ST-ZIP	<b>SIOUX FALLS SD 57104-6403</b>
TITLE	<b>CEOD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>P/CEO/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HYLLAND, RICHARD R</b>	2.2 NAME	<b>JOHNSON, PATRICK L.</b>
STREET ADDRESS	<b>125 SOUTH DAKOTA AVENUE SUITE 1100</b>	2.3 STREET ADDRESS	<b>13680 NW 5TH STREET SUITE 200</b>
CITY-ST-ZIP	<b>SIOUX FALLS SD 57104-6403</b>	2.4 CITY-ST-ZIP	<b>SUNRISE FL 33325-6223</b>
TITLE	<b>PCOO</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>SV</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, PATRICK L</b>	3.2 NAME	<b>MINTZ, ALAN J.</b>
STREET ADDRESS	<b>125 SOUTH DAKOTA AVENUE SUITE 1100</b>	3.3 STREET ADDRESS	<b>13680 NW 5TH STREET SUITE 200</b>
CITY-ST-ZIP	<b>SIOUX FALLS SD 57104-6403</b>	3.4 CITY-ST-ZIP	<b>SUNRISE FL 33325-6223</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>EV/CFD/T/AS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MINTZ, ALAN J</b>	4.2 NAME	<b>PAPADAKIS, JOAN R.</b>
STREET ADDRESS	<b>125 SOUTH DAKOTA AVENUE SUITE 1100</b>	4.3 STREET ADDRESS	<b>13680 NW 5TH STREET SUITE 200</b>
CITY-ST-ZIP	<b>SIOUX FALLS SD 57104-6403</b>	4.4 CITY-ST-ZIP	<b>SUNRISE FL 33325-6223</b>
TITLE	<b>CFOV</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>V/AS/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAPADAKIS, JOAN</b>	5.2 NAME	<b>MICKELSON, G M</b>
STREET ADDRESS	<b>125 SOUTH DAKOTA AVENUE SUITE 1100</b>	5.3 STREET ADDRESS	<b>125 SOUTH DAKOTA AVENUE SUITE 1100</b>
CITY-ST-ZIP	<b>SIOUX FALLS SD 57104-6403</b>	5.4 CITY-ST-ZIP	<b>SIOUX FALLS SD 57104-6403</b>
TITLE	<b>VAS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>EV/COO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHELSON, G M</b>	6.2 NAME	<b>HECHTMAN, GEORGE</b>
STREET ADDRESS	<b>125 SOUTH DAKOTA AVENUE SUITE 1100</b>	6.3 STREET ADDRESS	<b>13680 NW 5TH STREET SUITE 200</b>
CITY-ST-ZIP	<b>SIOUX FALLS SD 57104-6403</b>	6.4 CITY-ST-ZIP	<b>SUNRISE FL 33325-6223</b>

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:

**HYPOTHETICAL SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

588369-2018-7  
F97000006195

**BLUE DOT SERVICES INC.**  
**(Document # F97000006195)**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

7.1 TITLE	SV	<b>Addition</b>
7.2 NAME	CANNON, MARC G.	
7.3 STREET ADDRESS	13680 NW 5 <sup>th</sup> STREET SUITE 200	
7.4 CITY-ST-ZIP	SUNRISE FL 33325-6223	
8.1 TITLE	V/S	<b>Addition</b>
8.2 NAME	SNIDER, MARK D.	
8.3 STREET ADDRESS	13680 NW 5 <sup>th</sup> STREET SUITE 200	
8.4 CITY-ST-ZIP	SUNRISE FL 33325-6223	
9.1 TITLE	V	<b>Addition</b>
9.2 NAME	MOLLAUN, DANIEL L.	
9.3 STREET ADDRESS	13680 NW 5 <sup>th</sup> STREET SUITE 200	
9.4 CITY-ST-ZIP	SUNRISE FL 33325-6223	
10.1 TITLE	AT/D	<b>Addition</b>
10.2 NAME	NEWELL, DANIEL K.	
10.3 STREET ADDRESS	125 SOUTH DAKOTA AVENUE SUITE 1100	
10.4 CITY-ST-ZIP	SIOUX FALLS, SD 57104-6403	
11.1 TITLE	AS	<b>Addition</b>
11.2 NAME	DIETRICH, ALAN D.	
11.3 STREET ADDRESS	125 SOUTH DAKOTA AVENUE SUITE 1100	
11.4 CITY-ST-ZIP	SIOUX FALLS, SD 57104-6403	
12.1 TITLE	AS	<b>Addition</b>
12.2 NAME	BACHMAN, SUSAN A.	
12.3 STREET ADDRESS	125 SOUTH DAKOTA AVENUE SUITE 1100	
12.4 CITY-ST-ZIP	SIOUX FALLS, SD 57104-6403	

AS = Assistant Secretary  
AT = Assistant Treasurer  
EV = Executive Vice President  
SV = Senior Vice President  
VC = Vice Chairman