

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002672

FILED
Jan 23, 2004
Secretary of State

Entity Name: HERITAGE INFORMATION SYSTEMS, INC.

Current Principal Place of Business:

410 W. FRANKLIN ST.
RICHMOND, VA 23220

New Principal Place of Business:

2810 N. PARHAM ROAD
SUITE 210
RICHMOND, VA 232944422

Current Mailing Address:

410 W. FRANKLIN ST.
RICHMOND, VA 23220

New Mailing Address:

2810 N. PARHAM ROAD
SUITE 210
RICHMOND, VA 232944422

FEI Number: 04-2846830

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRIPODI, JOHN D
Address: 12609 AMBER TERRACE
City-St-Zip: RICHMOND, VA 23233

Title: VD () Delete
Name: MCDONOUGH, PAUL
Address: 13516 REYNARD LANE
City-St-Zip: RICHMOND, VA 23233

Title: VSD () Delete
Name: TRIPODI, MARK A
Address: 9608 GEORGES BLUFF RD.
City-St-Zip: RICHMOND, VA 23229

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TRIPODI, JOHN D
Address: 6701 RIDGEDALE COURT
City-St-Zip: GLEN ALLEN, VA 23059

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V () Change (X) Addition
Name: SAUNDERS, WILL
Address: 9064 ALDINGHAM PLACE
City-St-Zip: MECHANICSVILLE, VA 23115

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN TRIPODI

PD

01/23/2004

Electronic Signature of Signing Officer or Director

_____ Date