

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

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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90126 015 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000005595

1. Corporation Name
GLOBE DATA SYSTEMS, INC.



Principal Place of Business 300 CONSTANCE DRIVE WARMINSTER PA 18974	Mailing Address 300 CONSTANCE DRIVE WARMINSTER PA 18974
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/07/1998	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 23-2323153	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HIATT, DAVID A	1.2 NAME	Maddalena Krause
STREET ADDRESS	6002 MCKINLEY AVENUE	1.3 STREET ADDRESS	300 Constance Dr
CITY-ST-ZIP	TACOMA WA 98404	1.4 CITY-ST-ZIP	Warminster, PA 18974
TITLE	EVST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MESSNER, KIMBER E	2.2 NAME	
STREET ADDRESS	300 CONSTANCE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WARMINSTER PA 18974	2.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOLNICK, GLENN	3.2 NAME	
STREET ADDRESS	8888 KEYSTONE CROSSING #690	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46240	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISMAN, FORREST E JR	4.2 NAME	
STREET ADDRESS	230 PARK AVENUE SUITE 1616	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10169	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMY, CLYDE C	5.2 NAME	
STREET ADDRESS	3435 EMPIRE BLVD SW	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30354	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAINES, PHILLIP E	6.2 NAME	
STREET ADDRESS	3435 EMPIRE BLVD SW	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30354	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: Maddalena Krause 1/21/99 215-443-9414
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)