PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800006190

1. Corporation Name

PARALOGIC HOLDING CORPORATION

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90039 002 ***158.75



Principal Place of Business 3990 LAKEHURST DR. ORLANDO FL 32819 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 3. Date Incorporated or Qualifed 11/09/1998 4. FEI Number 3. Date Incorporated or Qualifed 11/09/1998 4. FEI Number 3. Date Incorporated or Qualifed 11/09/1998 4. FEI Number 3. Date Incorporated or Qualifed 11/09/1998 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing 7. Furst Fund Contribution Added to Fees 8.75 Additional Fee Required 6. Election Campaign Financing 7. Furst Fund Contribution Added to Fees 8.75 Additional Fees Required 6. Election Campaign Financing 7. Furst Fund Contribution Added to Fees 8.75 Additional Fees Required 6. Election Campaign Financing 7. Furst Fund Contribution Added to Fees 8.75 Additional Fees Required 6. Election Campaign Financing 7. Furst Fund Contribution Added to Fees 8.75 Additional Fees Required 6. Election Campaign Financing 7. Furst Fund Contribution Added to Fees 8.75 Additional Fees Required 6. Election Campaign Financing 8. Furst Additional Fees Required 6. Election Campaign Financing 8. Furst Additional Fees Required 6. Election Campaign Financing 8. Furst Additional Fees Required 6. Election Campaign Financing 8. Furst Additional Fees Required 6. Election Campaign Financing 8. Furst Additional Fees Required 6. Election Campaign Financing 8. Furst Addition Fees Required 6. Election Campaign Financing 8. Furst Addition 8. Furst Addition 8. Furst Addition 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sactions 607.0502 and 607.1508, Florida Statutes, the ebove-named comporation submits this statement for the purpose of changing lies registered 9. City Cycle 9. Submit Agent Purpose of Campa
2. Principal Place of Business 2a. Mailing Address 1800 Suttle 180
2. Principal Place of Business 2a. Mailing Address 1800 Suttle 180
2. Principal Place of Business 2a. Mailing Address 1800 Suttle 180
2. Principal Place of Business 2a. Mailing Address 1800 Suttle 180
2. Principal Place of Business 2a. Mailing Address 17 00 Sorth 2a. 2
Suite, Apt. #, etc. Suite, Apt. #, etc.
Size
Zip Country Zip Country Zip Country Zip Country Sip Country Country Country Country Country Sip Country Co
Zip
9. Name and Address of Current Registered Agent JOHNSON-NEILSON, BLAIR 5950 LAKEHURST DR. ORLANDO FL 32819 82 Street Address (P.O. Box Number is Not Acceptable) 83
JOHNSON-NEILSON, BLAIR 5950 LAKEHURST DR. ORLANDO FL 32819 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 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 acceptable 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 acceptable of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and title if applicable. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE CPS BARON, MICHAEL 12 NAME STREET ADDRESS 5950 LAKEHURST DR. ORLANDO FL 32819 14. CITY-ST-ZIP TITLE D Change Addition NAME WITTENBERG, CHARLES STREET ADDRESS 81 WYMAN ST. 22 STREET ADDRESS 81 WYMAN ST.
JOHNSON-NEILSON, BLAIR 5950 LAKEHURST DR. ORLANDO FL 32819 82 Street Address (P.O. Box Number is Not Acceptable) 83
System of 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 agent, and 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, and are submitted and are submitted agent and title if applicable. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CPS DELETE 1.1 TITLE CPS ORLANDO FL 32819 TITLE ORLANDE STREET ADDRESS ORLANDO FL 32819 TITLE DELETE 2.2 NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS 81 WYMAN ST. STREET ADDRESS 81 WYMAN ST.
ORLANDO FL 32819 83 Style 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 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 appointment as registered agent, I am familiar with, and accept the appointment as registered agent and title if applicable. SIGNATURE Signature. Vysed 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 CPS DELETE 1.1 TITLE CPS ORLANDO FL 32819 TITLE D IL CHANGE STREET ADDRESS ORLANDO FL 32819 TITLE D CHANGE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS 81 WYMAN ST. 22 NAME STREET ADDRESS 81 WYMAN ST.
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 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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent and title if applicable. In the sum familiar with, and accept the appointment as registered agent and title if applicable. In the sum familiar with, and accept the appointment as registered agent and title if applicable. In the sum familiar with, and accept the appointment as registered agent and title if applicable. In the sum familiar with, and accept the appointment as registered agent and title if applicable. In the sum familiar with, and accept the appointment as registered agent and title if applicable. In the sum familiar with a purpose of changing its registered agent and title if applicable. In the sum familiar with a purpose of changing its registered agent and title if applicable. In the sum familiar with a purpose of changing its registered agent and title if applicable. In the sum familiar with a purpose of changing its registered agent and title if applicable. In the sum familiar with a purpose of changing its registered
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 applications of, Section 607.0505, Florida Statutes. SIGNATURE Signature. Signature. Signature. Signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CPS DELETE 1.1 TITLE CPS CHANGE STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS 81 WYMAN ST. 2.3 STREET ADDRESS 81 WYMAN ST.
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 appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with and accept the appointment as registered agent and title if applicable. 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 CPS BARON, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition Addition AME STREET ADDRESS 81 WYMAN ST. 23 STREET ADDRESS 81 WYMAN ST.
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 familia with, and accept the appointment as registered agent. I am familia with, and accept the appointment as registered agent. I am familia with, and accept the appointment as registered agent and title if applicable. SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CPS DELETE 1.1 TITLE CPS Addition Addition Addition STREET ADDRESS ORLANDO FL 32819 DELETE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE Change Addition Addition Change Addition Addition Change Addition Addition Addition Addition Change Addition Change Addition Addition Change Addition Change Addition Change Addition Change Addition Change Addition
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 CPS BARON, MICHAEL STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 TITLE D DELETE 1.1 TITLE CPCD Change Addition Addition Addition L2 NAME L3 STREET ADDRESS L4 CITY-ST-ZIP TITLE D Change Addition Addition Addition Addition Change Addition Addition STREET ADDRESS STREET ADDRESS 81 WYMAN ST. 2.3 STREET ADDRESS 81 WYMAN ST.
12. OFFICERS AND DIRECTORS TITLE CPS BARON, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE D Change Addition Addition CPS CITY-ST-ZIP TITLE D Change Addition Addition Change Addition Addition Change Addition Addition Change Addition Change Addition Change Addition Change CRY-ST-ZIP CHANGES STREET ADDRESS 81 WYMAN ST.
TITLE CPS DELETE 1.1 TITLE CPS Addition NAME BARON, MICHAEL STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 TITLE D DELETE 2.1 TITLE NAME WITTENBERG, CHARLES STREET ADDRESS 81 WYMAN ST. DELETE 1.1 TITLE CPSD CPSD CPSD Change Addition Addition Addition Addition 2.2 NAME 2.3 STREET ADDRESS 81 WYMAN ST.
NAME BARON, MICHAEL STREET ADDRESS CITY-ST-ZIP TITLE D DELETE STREET ADDRESS TREET ADDRESS STREET ADDRESS 81 WYMAN ST. 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE D Change Addition 2.2 NAME 2.3 STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 TITLE D DELETE 2.1 TITLE NAME STREET ADDRESS 81 WYMAN ST. 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE D Change Addition 2.2 NAME 2.3 STREET ADDRESS
CITY-ST-ZIP ORLANDO FL 32819 14 CITY-ST-ZIP TITLE D DELETE 2.1 TITLE Change Addition NAME WITTENBERG, CHARLES 2.2 NAME STREET ADDRESS 81 WYMAN ST. 2.3 STREET ADDRESS
TITLE D Change Addition NAME WITTENBERG, CHARLES STREET ADDRESS 81 WYMAN ST. DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS
STREET ADDRESS 81 WYMAN ST. 2.3 STREET ADDRESS
STREET ADDRESS 81 WYMAN ST. 2.3 STREET ADDRESS
MAINTHAN AN OCOTA
CITY-ST-ZIP WALTHAM MA 02254 2.4 CITY-ST-ZIP
TITLE D DELETE 3.1 TITLE Change Addition
NAME MELISSERATOS, ARIS 32 NAME
STREET ADDRESS 81 WYMAN ST. 3.3 STREET ADDRESS
CITY-ST-ZIP WALTHAM MA 02254
TITLE T DELETE 4.1 TITLE D Change Addition
NAME ALTERMAN, ERIC 4.2 NAME
STREET ADDRESS 101 SOUTHHALL LN. 43 STREET ADDRESS
CITY-ST-ZIP MAITLAND FL 32751 44 CITY-ST-ZIP
TITLE DELETE 5.1 TITLE D. Change Maddition
NAME SINAME Michael Butta
STREET ADDRESS 101 So-Thhall LM.
CITY-ST-ZIP Martland F1 32751
CITY-ST-ZIP Martland F1 32751
CITY-ST-ZIP S-4 CITY-ST-ZIP Martland F1 3275

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: