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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995				FLORIDA DEPARTMENT OF STATE Sandra B. Myrham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 691421 (9) 1. Corporation Name Copitech Corporation					
Principal Place of Business 130 James Aldredge Blvd. Atlanta, GA 30336		Mailing Address 130 James Aldredge Blvd. Atlanta, GA 30336			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 59-2377219 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
				81 Name Steve Corcoran 82 Street Address (P.O. Box Number is Not Acceptable) 4818 Gandy Blvd. 83 84 City Tampa, FL FL 85 Zip Code 33611	
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] DATE: 4/10/95 (NOTE: Registered Agent signature required when reappointing)					
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME Eiberger, Horst STREET ADDRESS 1520 Cherron Dr. CITY ST ZIP Atlanta, GA 30350				1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 000001521560 -06/23/95--01018--004 ****200.00 ****200.00	
TITLE S NAME Campbell, Caroline STREET ADDRESS 820 Oxford Meadow Ct. CITY ST ZIP Alpharetta, GA 30201				2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP				5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this Florida voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, checked, or on an attachment with an address.					
SIGNATURE: [Signature] H.A. Eiberger 28 April 95					