FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1995

DIVISION OF CORPORATIONS

DOCUMENT # H01060 **(3)**

1. Corporation Name

INTEGRATED SYSTEM DESIGN, INC.

Principal Place of Business: 820 E. HILLSBORO BLVD. DEERFIELD BCH. FL 33441-0522

Mailing Address: 820 E. HILLSBORO BLVD. DEERFIELD BCH. FL 33441-0522

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1984
3a. Date of Last Report: 05/23/1994

2. Principal Place of Business
2a. Mailing Address

4. FEI Number: 59-2403475 — Applied For / Not Applicable

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State

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

MASI, BETTY M.
820 E. HILLSBORO BLVD.
DEERFIELD BCH. FL 33441

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MASI, BETTY M.
STREET ADDRESS	820 E. HILLSBORO BLVD.
CITY-ST-ZIP	DEERFIELD BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: Betty M Masi 4/25/95 305-360-9955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0265141 CP