SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H61102** **(0)**

1. Corporation Name

THE CONSULTING TEAM, INC.

Principal Place of Business	Mailing Address
~~1035 PALM BEACH LAKES BLVD. #200~~ ~~WEST PALM BCH FL 33401~~ Address Change See Item 2	6160 ST. ANDREWS RD. SUITE 1 COLUMBIA SC 29212 US

3. Date Incorporated or Qualified: **06/04/1985**	3a. Date of Last Report: **02/10/1995**
4. FEI Number: **59-2599850**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 1601 Forum Place	26
Suite, Apt. #, etc. 22 Suite 500	Suite, Apt. #, etc. 27
City & State 23 West Palm Beach, FL	City & State 28
Zip / Country 24 33401 / 25 Palm Beach	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HARRIS, MICHAEL D
712 U.S. HIGHWAY ONE, FOURTH FLOOR
N. PALM BEACH FL 33408

10. Name and Address of New Registered Agent

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CSV	☐ DELETE	11 TITLE	MARK MURPHY	☐ Change ☒ Addition
NAME	BERRY, WILLIAM E.		12 NAME	CHIEF FINANCIAL OFFICER	
STREET ADDRESS	~~53 MILESTONE~~ 1664 Cypress Row Drive		13 STREET ADDRESS	6160 ST. ANDREWS RD. SUITE 1	
CITY-ST-ZIP	W PALM BCH. FL		14 CITY-ST-ZIP	COLUMBIA, SC 29212	
TITLE	PDT	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	STEINER, JOHN E.		22 NAME		
STREET ADDRESS	142 COLDSTREAM DR.		23 STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA SC		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Murphy MARK MURPHY 7/9/96 (803) 781-7263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #