

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

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H61102** (0)
1. Corporation Name
THE CONSULTING TEAM, INC.

Principal Place of Business 1601 FORUM PLACE SUITE 500 WEST PALM BCH FL 33401	Mailing Address 6160 ST. ANDREWS RD. SUITE 1 COLUMBIA SC 29212 US
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 06/04/1985	
21		26		4. FEI Number 59-2599850	
22		27		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	
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

Signature, typed or printed name of registered agent and title if applicable

(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	1.1 TITLE	P/S/D/C/CEO ☒ Change ☐ Addition
NAME	BERRY, WILLIAM E.	1.2 NAME	
STREET ADDRESS	1684 CYPRESS ROW DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH. FL	1.4 CITY-ST-ZIP	
TITLE	POT ☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	STEINER, JOHN E.	2.2 NAME	Steiner, John E.
STREET ADDRESS	142 COLDSTREAM DR.	2.3 STREET ADDRESS	1116 Grand Cay Drive
CITY-ST-ZIP	COLUMBIA SC	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33418 ☐ Change ☒ Addition
TITLE	CFO ☒ DELETE	3.1 TITLE	D/CFO ☐ Change ☒ Addition
NAME	MURPHY, MARK	3.2 NAME	Matte, Michael D.
STREET ADDRESS	6160 ST ANDREWS RD SUITE 1	3.3 STREET ADDRESS	12883 Normandy Way
CITY-ST-ZIP	COLUMBIA SC 29212	3.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410 ☐ Change ☒ Addition
TITLE	☐ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME		4.2 NAME	Piper, Paul J.
STREET ADDRESS		4.3 STREET ADDRESS	6 Snug Hill
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hockessin, DE 19707 ☐ Change ☒ Addition
TITLE	☐ DELETE	5.1 TITLE	V ☐ Change ☒ Addition
NAME		5.2 NAME	Goldkiller, Corine C.
STREET ADDRESS		5.3 STREET ADDRESS	1624 16th Way
CITY-ST-ZIP		5.4 CITY-ST-ZIP	West Palm Beach, FL 33407 ☐ Change ☐ Addition
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

Michael D. Matte

4/8/98

CR2E034 (10/97)