

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		FILED JAN 25 PM 1:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # H90498 (7) 95					
1. Corporation Name LINTRONICS SOFTWARE PUBLISHING, INC.					
Principal Place of Business 1991 MOUNTAINSIDE DRIVE BLACKSBURG VA 24060		Mailing Address 1991 MOUNTAINSIDE DRIVE BLACKSBURG VA 24060		DO NOT WRITE IN THIS SPACE.	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/17/1985 3a. Date of Last Report 03/14/1994 4. FEI Number 59-2620452 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. 109.032, Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent BYWATER, JOSEPH G. 1828 SOUTH FLORIDA AVENUE LAKELAND FL 33803			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 signature required when reappointing) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	1.1 TITLE	☐ Change ☐ Addition		
NAME	FLEMING, K. PAUL	1.2 NAME			
STREET ADDRESS	1991 MOUNTAINSIDE DRIVE	1.3 STREET ADDRESS			
CITY-ST-ZIP	BLACKSBURG VA	1.4 CITY-ST-ZIP			
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition		
NAME	FLEMING, LINDA C.	2.2 NAME			
STREET ADDRESS	1991 MOUNTAINSIDE DRIVE	2.3 STREET ADDRESS			
CITY-ST-ZIP	BLACKSBURG VA	2.4 CITY-ST-ZIP			
TITLE		3.1 TITLE	☐ Change ☐ Addition		
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4 CITY-ST-ZIP			
TITLE		4.1 TITLE	☐ Change ☐ Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE		5.1 TITLE	☐ Change ☐ Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE		6.1 TITLE	☐ Change ☐ Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY-ST-ZIP		6.4 CITY-ST-ZIP			
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 110.07(3)(g), 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: <u>K. Paul Fleming</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/20/95 703.553.7204 Date Daytime Phone #		