FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H94137** **(7)**

1. Corporation Name
CCS - AMERICA, INC.

Principal Place of Business	Mailing Address
900 WINDERLEY PL. P.O.BOX 5575 MAITLAND FL 32751	900 WINDERLEY PL. P.O.BOX 5575 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/10/1986**
3a. Date of Last Report: **06/24/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: **59-2715911** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): Country (25): Zip (29): Country (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BIONDO, P. R
1069 CROSS CUT WAY
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

01 Name: RONALD S. WEBSTER
02 Street Address (P.O. Box Number is Not Acceptable): WHITTAKER, STUMP, WEBSTER & MILLER, PA
03: 201 N. MAGNOLIA AVE. SUITE 300
04 City: ORLANDO FL 05 Zip Code: 32801

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: Ronald S. Webster 4/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	☐ Change ☐ Addition
NAME	GRUBB, STEPHEN B	1.2 NAME	
STREET ADDRESS	2765 N. HILLS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	STRANGE, J. L	2.2 NAME	
STREET ADDRESS	2724 MEADOW CHURCH RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DULUTH GA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	MUSSER, JENNIFER	3.2 NAME	
STREET ADDRESS	106 LONGHORN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	BIONDO, P. RICHARD	4.2 NAME	S BONNIE HERRON
STREET ADDRESS	1090 CROSS CRT WAY	4.3 STREET ADDRESS	C/O INTELLIGENT SYSTEMS CORPORATION
CITY-ST-ZIP	LONGWOOD FL	4.4 CITY-ST-ZIP	4355 SHACKLEFORD RD.
TITLE		5.1 TITLE	NORECROSS, GA 30093
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: Jennifer L Musser 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0043770 CP