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

FILED PROFIT May 12 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H97668 (8) COMPUTER SOURCE, INC. Principal Place of Business Mailing Address 1650 ART MUSEUM DRIVE 1650 ART MUSEUM DRIVE JACKSONVILLE FL 32207 JACKSONVILLE FL 32207 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1986 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 21 59-2702607 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent Name and Address of New Registered Agent **EVANS. KATHLEEN** R1 Name 1650 ART MUSEUM DR. 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32207 83 Zip Code 85 11. Pursuant to the provisions of Sections 607 (1502 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE ■ DELETE 1.1 TITLE Change Addition KATHLEEN EVANS NAME 1.2 NAME 1650 ART MUSEUM DR STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE ☐ Change ___ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE ☐ Change ___ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZiP

DELETE

6.1 TITLE

6.2 NAME

14. Thereby certify that the information supplied with this filing does not gualify 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 it 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 13 if the receiver or an attachment with an address.

6.3 STREET ADDRESS

☐ Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP