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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **J87660** **(3)**

1. Corporation Name
COMPUTERIZED TRAFFIC DATA, INC.

Principal Place of Business
14444 BEACH BLVD
STE 18-332
JACKSONVILLE FL 32250
US

Mailing Address
14444 BEACH BLVD
STE 18-332
JACKSONVILLE FL 32250-2002
US

3. Date Incorporated or Qualified: **08/11/1987**
3a. Date of Last Report: **04/25/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2835963** ☐ 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

9. Name and Address of Current Registered Agent
WALKER, JAMES W
C/O WALKER & KOEGLER
4655 SALISBURY RD., STE. 390
JACKSONVILLE FL 32256

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(S) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE: PSTD NAME: LOWRY, H. MICHAEL STREET ADDRESS: 3399 LIGHTHOUSE POINT LANE CITY-ST-ZIP: JACKSONVILLE FL	☐ DELETE	1.1 TITLE	P T D	☒ Change ☐ Addition
		1.2 NAME		
		1.3 STREET ADDRESS		
		1.4 CITY-ST-ZIP		
TITLE: D NAME: SIMPSON, MICHAEL STREET ADDRESS: 14444 BEACH BLVD, STE 18-332 CITY-ST-ZIP: JACKSONVILLE FL	☐ DELETE	2.1 TITLE	D S	☒ Change ☐ Addition
		2.2 NAME		
		2.3 STREET ADDRESS		
		2.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
		3.2 NAME		
		3.3 STREET ADDRESS		
		3.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
		4.2 NAME		
		4.3 STREET ADDRESS		
		4.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
		5.2 NAME		
		5.3 STREET ADDRESS		
		5.4 CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
		6.2 NAME		
		6.3 STREET ADDRESS		
		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: H. Michael Lowry (904) 992-9355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR H. MICHAEL LOWRY Date Daytime Phone #

0039303