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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:05

DOCUMENT # L33261 (3)

1. Corporation Name
AALBORG CISERV (MIAMI) INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
C/O ALLAN JUUL BECH 2449 NE 13TH AVENUE FT.LAUDERDALE FL 33305	C/O ALLAN JUUL BECH 2449 NE 13TH AVENUE FT.LAUDERDALE FL 33305

3. Date Incorporated or Qualified: 11/28/1989
3a. Date of Last Report: 08/17/1994

2. Principal Place of Business	2a. Mailing Address
21 5585 SABRE ROAD	26 5585 SABRE ROAD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: NORFOLK VA	28 City & State: NORFOLK VA
24 Zip: 23502 25 Country: USA	29 Zip: 23502 30 Country: USA

4. FEI Number: 76-0195345 ☐ 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

NIELSEN, KEN ERIK
2449 NE 13TH AVENUE
FORT LAUDERDALE FL 33305

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 _____ DATE
(Signature, type or print name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	PRESIDENT	☐ Change ☑ Addition
NAME	DONNEBORG, JES	1.2 NAME	STELLAN J-E LINDSTEDT	
STREET ADDRESS	24 GASVAENKSCEN	1.3 STREET ADDRESS	5585 SABRE ROAD	
CITY-ST-ZIP	DK-9100 AALBORG DE	1.4 CITY-ST-ZIP	NORFOLK VA 23502	
TITLE	D	2.1 TITLE	VP	☐ Change ☑ Addition
NAME	IPSEN, CLAUS	2.2 NAME	JOHN ADAMS	
STREET ADDRESS	24 GASVAENKSCEN	2.3 STREET ADDRESS	5585 SABRE RD	
CITY-ST-ZIP	DK-9100 AALBORG DE	2.4 CITY-ST-ZIP	NORFOLK VA 23502	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	MOLLER, EIGAN	3.2 NAME		
STREET ADDRESS	24 GASVAENKSCEN	3.3 STREET ADDRESS		
CITY-ST-ZIP	DK-9100 AALBORG DE	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	LAUNITEEN, JENS-DITLEV	4.2 NAME		
STREET ADDRESS	24 GASVAENKSCEJ	4.3 STREET ADDRESS		
CITY-ST-ZIP	DK-9100 AALBORG DE	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE	VP	☑ Change ☐ Addition
NAME	THOMAS, JOHN	5.2 NAME	JOHN THOMAS	
STREET ADDRESS	~~6555 THADE CENTER DR.~~	5.3 STREET ADDRESS	5585 SABRE ROAD	
CITY-ST-ZIP	~~JACKSONVILLE FL~~	5.4 CITY-ST-ZIP	NORFOLK VA 23502	
TITLE	~~D~~	6.1 TITLE		☐ Change ☐ Addition
NAME	~~HVILBORG, SVEN~~	6.2 NAME		
STREET ADDRESS	~~24 GASVAERKSVEJ~~	6.3 STREET ADDRESS		
CITY-ST-ZIP	~~DK-9100 AALBORG, DENMARK~~	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: John F. Thomas 2-2-95 804-466-7022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0240749 CP