FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # L33261 (3)

1. Corporation Name
AALBORG CISERV (MIAMI) INC.

Principal Place of Business
5585 JSABRE ROAD
NORFOLK VA 23502
US

Mailing Address
5585 SABRE ROAD
NORFOLK VA 23502
US

3. Date Incorporated or Qualified: 11/28/1989
3a. Date of Last Report: 02/07/1995

2. Principal Place of Business
21 3736 Cook Blvd.
Suite, Apt. #, etc.
22
City & State
23 No Operations
Zip 24 Country 25

2a. Mailing Address
26 3736 Cook Blvd.
Suite, Apt. #, etc.
27
City & State
28 Chesapeake, Va. 23323
Zip 29 23323 Country 30

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 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 of applicant — (NOTE: Registered Agent signature required when remitted) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☒ DELETE	1.1 TITLE	Pres.- Director ☐ Change ☒ Addition
NAME	LINDSTIDT, STELLAN S.K.	1.2 NAME	Sven Frandsen
STREET ADDRESS	5585 SABRE ROAD	1.3 STREET ADDRESS	As Above
CITY-ST-ZIP	NORFOLK VA	1.4 CITY-ST-ZIP	
TITLE	VP ☒ DELETE	2.1 TITLE	Chairman ☐ Change ☒ Addition
NAME	ADMAS, JOHN	2.2 NAME	Freddy Frandsen
STREET ADDRESS	5585 SABRE RD	2.3 STREET ADDRESS	As Above
CITY-ST-ZIP	NORFOLK VA	2.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	MOLLER, EIGAN	3.2 NAME	Sec.-Treas.
STREET ADDRESS	24 GASVAENKSCEN	3.3 STREET ADDRESS	John F. Thomas
CITY-ST-ZIP	DK-9100 AALBORG DE	3.4 CITY-ST-ZIP	As Above
TITLE	D ☒ DELETE	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 ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, JOHN	5.2 NAME	
STREET ADDRESS	5585 SABRE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORFOLK VA	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 119.07(3)(k), 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 — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/2/96 — Daytime Phone # 804-485-0075

CR2E034 (12/95)