

FILE NOW: FILING FEE IS \$61.25

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90067 010 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000007206

1. Corporation Name

THE CENTER INFORMATION SYSTEM USER GROUP, INC.

Principal Place of Business  
390 N ORANGE AVE. STE 1300  
ORLANDO FL 32801

Mailing Address  
390 N ORANGE AVE. STE 1300  
ORLANDO FL 32801



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

12/26/1997

4. FEI Number  
59-3486160

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

9. Name and Address of Current Registered Agent

PINO, CESNIE  
390 N ORANGE AVE, STE 1300  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name DAVID R. SPRAYER

82 Street Address (P.O. Box Number is Not Acceptable)  
1401 LEE RD, SUITE 115

83

84 City WINTER PARK FL 85 Zip Code 32789

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*David R. Sprayer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/99

12. OFFICERS AND DIRECTORS

TITLE CD ☒ DELETE

NAME PINO, CESNIE  
STREET ADDRESS 390 N ORANGE AVE STE 1300  
CITY-ST-ZIP ORLANDO FL 32801

TITLE SD ☒ DELETE

NAME MILLER, SCOTT  
STREET ADDRESS 29353 TOWN CENTER LOOP E  
CITY-ST-ZIP WILSONVILLE OR 97070

TITLE VPO ☐ DELETE

NAME GUARNERI, LOUIS J.  
STREET ADDRESS 300 WESTAGE BUSINESS CENTER STE 130  
CITY-ST-ZIP FISHKILL NY 12524

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME ROBERT JOHNSON  
1.3 STREET ADDRESS 48001 FREMONT BLVD  
1.4 CITY-ST-ZIP FREMONT CA 94538

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME MIKE MONAHAN  
2.3 STREET ADDRESS IMEC - BRADLEY HALL 403 JOBST HALL  
2.4 CITY-ST-ZIP PEORIA IL 61625

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE SD ☐ Change ☒ Addition

4.2 NAME EAROL NOEL  
4.3 STREET ADDRESS 229 WATERMAN ST.  
4.4 CITY-ST-ZIP PROVIDENCE, RI 02906

5.1 TITLE TD ☐ Change ☒ Addition

5.2 NAME NANCY O'CONNOR  
5.3 STREET ADDRESS VERMONT TECHNICAL COLLEGE  
5.4 CITY-ST-ZIP RANDOLPH CENTER VT. 05061

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE

*Robert Johnson* ROBERT JOHNSON

4/24/99

510-249-1480

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR3E037 (1/98)