

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90084 043 ***150.00

DOCUMENT # P04332

1. Corporation Name

SCB COMPUTER TECHNOLOGY, INC.

Principal Place of Business
1365 W. BRIARBROOK RD.
MEMPHIS TN 38138

Mailing Address
1365 W. BRIARBROOK RD.
MEMPHIS TN 38138



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1984

4. FEI Number

62-1201561

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COB	<input type="checkbox"/> DELETE
NAME	COBB, T. SCOTT	
STREET ADDRESS	1365 W. BRIARBROOK RD.	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	BRYANT, BEN C.	
STREET ADDRESS	1365 W. BRIARBROOK RD.	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BATEMAN, GORDON	
STREET ADDRESS	1365 W. BRIARBROOK RD.	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, STEVE	
STREET ADDRESS	1365 W. BRIARBROOK RD.	
CITY-ST-ZIP	MEMPHIS TN 38138	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLEARY, JOE	
STREET ADDRESS	1365 W BRIARBROOK RD	
CITY-ST-ZIP	MEMPHIS TX 38138	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARWOOD, JIM	
STREET ADDRESS	1365 W BRIARBROOK RD	
CITY-ST-ZIP	MEMPHIS TN 38138	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 607, 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:

GORDON BATEMAN

Date

4/30/99

Daytime Phone #

(901) 754-6577

CR2E034 (11/98)

0557899