

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P09730** (3)
1. Corporation Name
SUN DATA, INC.



Principal Place of Business ONE SUN COURT P.O. BOX 5250 NORCROSS GA 30092 US	Mailing Address ONE SUN COURT P.O. BOX 926020 NORCROSS GA 30092-9204 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 ONE SUN COURT 27 Suite, Apt. #, etc. 28 City & State 29 NORCROSS GA 30 Zip 31 Country
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3. Date Incorporated or Qualified 04/14/1986	4. FEI Number 41-1254123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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 85 Zip Code FL
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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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROCKOW, I. ERIC	1.2 NAME	
STREET ADDRESS	ONE SUN COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRILLY, JOHN H.	2.2 NAME	
STREET ADDRESS	3928 CRAB ORCHARD LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	2.4 CITY-ST-ZIP	
TITLE	VPC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODDY, ROBERT A	3.2 NAME	
STREET ADDRESS	3777 TRENTON DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LITHONIA GA	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCALL, BRUCE C	4.2 NAME	
STREET ADDRESS	2610 BRIERS NORTH DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, MARTIN C.	5.2 NAME	
STREET ADDRESS	1220 COLD HARBOR DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZ, MARK A	6.2 NAME	
STREET ADDRESS	4184 TREADOUR BAY LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA	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 is 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 as an attachment with an address.

Vice President
Tax & Compliance

CR2E034 (10/97)