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 # P11652

1. Corporation Name

PARKING SYSTEMS & ANALYSIS, INC.

Principal Place of Business / Mailing Address

1865 E. 40TH STREET
CLEVELAND, OHIO 44103

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 10-2-86	3a. Date of Last Report: 5/1/94
21 CLEVELAND, OHIO	26 SAME	4. FEI Number: 34-1163383	Applied For / Not Applicable
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27	5. Certificate of Status Desired —	$8.75 Additional Fee Required
City & State 23 CLEVELAND, OHIO	City & State 28	6. Election Campaign Financing Trust Fund Contribution —	$5.00 May Be Added to Fees
Zip 24 44103 / Country 25 USA	Zip 29 / Country 30	8. This corporation has applied for filing a tax under s. 199.032, Florida Statutes: Yes ☐ / 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 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 _____ DATE
Signature, typed or printed name of registered agent, and title, if applicable — NOTE: Registered Agent's signature required for filing

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (if any)	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D HARVEY A. SCHWARTZ 22475 RYE ROAD SHAKER HEIGHTS, OH ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JUDITH SCHWARTZ 22475 RYE ROAD SHAKER HEIGHTS, OH ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 200001898892 -07/19/96--01007--023 ***225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition 096201990015 -07/19/96--01007--022 ***225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change 7-18-96

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: X _____ 6/17/96 pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — X Position Title

CR2E034 (12/95)