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PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Apr 02, 1999 8:00 am
Secretary of State
04-02-1999 90075 019 ***150.00

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DOCUMENT # P12224

1. Corporation Name

INNOSERV TECHNOLOGIES MAINTENANCE SERVICES, INC.

Principal Place of Business	Mailing Address
320 WESTWAY ~~SUITE 520~~ ARLINGTON TX 76018	320 WESTWAY ~~SUITE 520~~ ARLINGTON TX 76018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
11/19/1986

2. Principal Place of Business [21]	2a. Mailing Address [26]	4. FEI Number **95-3656566**	Applied For / Not Applicable
Suite, Apt. #, etc. [22] Suite 546	Suite, Apt. #, etc. [27] Suite 546	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
City & State [23]	City & State [28]	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip [24] / Country [25]	Zip [29] / Country [30]	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NRAI SERVICES, INC. 523 E. PARK AVE. TALLAHASSEE FL 32301	[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

CR2E034 (1.1/98)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME PULS, MICHAEL G STREET ADDRESS 320 WESTWAY, SUITE 520 CITY-ST-ZIP ARLINGTON TX 76018	☒ DELETE	1.1 TITLE PRESIDENT / DIRECTOR 1.2 NAME J. KEITH MORGAN 1.3 STREET ADDRESS 320 WESTWAY, SUITE 520 1.4 CITY-ST-ZIP ARLINGTON, TX 76018	☐ Change ☒ Addition
TITLE VSD NAME HOEFERT, THOMAS E STREET ADDRESS 320 WESTWAY, SUITE 520 CITY-ST-ZIP ARLINGTON TX 76018	☒ DELETE	2.1 TITLE VICE PRESIDENT/COO 2.2 NAME JAMES M. HUTTEN 2.3 STREET ADDRESS 320 WESTWAY, SUITE 520 2.4 CITY-ST-ZIP ARLINGTON, TX 76018	☐ Change ☒ Addition
TITLE ~~PRESIDENT~~ NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE SECRETARY / DIRECTOR 3.2 NAME ROBERT PETER HAUS 3.3 STREET ADDRESS 320 WESTWAY SUITE 520 3.4 CITY-ST-ZIP ARLINGTON, TX 76018	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: _____ JAMES M. HUTTEN   3/4/99   (817) 468-3377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #