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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR 12 PM 9:59

DOCUMENT # P18223 (8)

1. Corporation Name
ZENITH DATA SYSTEMS CORPORATION

Principal Place of Business	Mailing Address
211 HILLTOP RD. 1209 ORANGE STREET, CORPORATION CENTER ST. JOSEPH MI 49085 US	PO BOX 1000 1209 ORANGE STREET, CORPORATION CENTER ST. JOSEPH MI 49085 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/01/1988	3a. Date of Last Report: 04/04/1994
4. FEI Number: 36-2716509	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	NOELS, JACQUES	1.2 NAME	
STREET ADDRESS	2150 E. LAKE COOK RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO GROVE IL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	☐ Change ☐ Addition
NAME	COPPENS, JEAN L	2.2 NAME	
STREET ADDRESS	2150 E. LAKE COOK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO GROVE IL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	BERGETHON, RAGNAR	3.2 NAME	
STREET ADDRESS	211 HILLTOP RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. JOSEPH MI	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	OWEN, WM	4.2 NAME	
STREET ADDRESS	2150 E LAKE COOK RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO GROVE IL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	☐ Change ☐ Addition
NAME	MACKINNON, CHARLES	5.2 NAME	
STREET ADDRESS	2150 E. LAKE COOK RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO GROVE IL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	GALLOIS, ROGER	6.2 NAME	DIRECTOR YVES BENOIT
STREET ADDRESS	121 AVE DE MALAKOFF	6.3 STREET ADDRESS	68 route de Versailles
CITY-ST-ZIP	PARIS FR	6.4 CITY-ST-ZIP	78430 Louveciennes, France

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)(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.

SIGNATURE: Ragnar Bergethon 4/4/95 (616) 982-3536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RAGNAR BERGETHON, TREASURER

0480092 FP