FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P22354** **(5)**

1. Corporation Name
BORIS SYSTEMS INC.

Principal Place of Business	Mailing Address
4660 S. HAGADORN ROAD EAST LANSING MI 48823-5353 US	405 S.W. FIFTH STREET ATTN: CORP TAX DEPT. DES MOINES IA 50309 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/30/1988
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 4651 Salisbury Rd
Suite, Apt. #, etc.
22 Suite 241
City & State
23 Jacksonville, FL
Zip 24 32256 Country 25 US

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 38-2401510 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD
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 _____ 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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	ALTER, NICHILAS,	1.2 NAME		
STREET ADDRESS	4660 SOUTH HAGADORN	1.3 STREET ADDRESS		
CITY-ST-ZIP	EAST LANSING MI	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	V	☒ Change ☐ Addition
NAME	COLTHORP, TODD	2.2 NAME	Colthorp, Todd	
STREET ADDRESS	4660 SOUTH HAGADORN	2.3 STREET ADDRESS	4660 South Hagadorn	
CITY-ST-ZIP	EAST LANSING MI	2.4 CITY-ST-ZIP	East Lansing, MI	
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	LUNTZ, IRA	3.2 NAME		
STREET ADDRESS	4660 SOUTH HAGADORN	3.3 STREET ADDRESS		
CITY-ST-ZIP	EAST LANSING MI	3.4 CITY-ST-ZIP		
TITLE	TV	4.1 TITLE	V/T	☒ Change ☐ Addition
NAME	BANDFIELD, JAMES	4.2 NAME	Alta A. Jones	
STREET ADDRESS	4660 SOUTH HAGADORN	4.3 STREET ADDRESS	405 SW 5th Street	
CITY-ST-ZIP	EAST LANSING MI	4.4 CITY-ST-ZIP	Des Moines, IA 50309	
TITLE	VSD	5.1 TITLE		☐ Change ☐ Addition
NAME	MORRISON, STEPHEN D.	5.2 NAME		
STREET ADDRESS	405 SW 5TH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA	5.4 CITY-ST-ZIP		
TITLE	DC	6.1 TITLE		☐ Change ☐ Addition
NAME	KELLER, MICHAEL	6.2 NAME		
STREET ADDRESS	405 SW 5TH STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	DES MOINES IA	6.4 CITY-ST-ZIP		

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 added) in an attachment with an address.

SIGNATURE: Alta A. Jones, Sr. Vice Pres. & CFO 4/18/95 515/237-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477648 FP