

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 # P22354 (5)

1. Corporation Name
BORIS SYSTEMS INC.



Principal Place of Business

**4651 SALISBURY RD
SUITE 241
JACKSONVILLE FL 32256
US**

Mailing Address

**405 SW FIFTH STREET
ATTN: CORP TAX DEPT.
DES MOINES IA 50309-
US**

3. Date Incorporated or Qualified
12/30/1988

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

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2a. Mailing Address

26 **405 SW 5th Street, UN5874**

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

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34 City

35 Zip Code

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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**

8. 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

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 of Registered Agent or Director

NOTE: Registered Agent Signature Required by the Filing

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ALTER, NICHILAS,	
STREET ADDRESS	4660 SOUTH HAGADORN	
CITY-ST-ZIP	EAST LANSING MI	
TITLE	V	☒ DELETE
NAME	COLTHORP, TODD	
STREET ADDRESS	4660 S HAGADORN	
CITY-ST-ZIP	EAST LANSING MI	
TITLE	V	☒ DELETE
NAME	LUNTZ, IRA	
STREET ADDRESS	4660 SOUTH HAGADORN	
CITY-ST-ZIP	EAST LANSING MI	
TITLE	VT	☐ DELETE
NAME	JONES, ALTA A	
STREET ADDRESS	405 SW 5TH ST	
CITY-ST-ZIP	DES MOINES IA	
TITLE	VSD	☐ DELETE
NAME	MORRISON, STEPHEN D.	
STREET ADDRESS	405 SW 5TH STREET	
CITY-ST-ZIP	DES MOINES IA	
TITLE	DC	☐ DELETE
NAME	KELLER, MICHAEL	
STREET ADDRESS	405 SW 5TH STREET	
CITY-ST-ZIP	DES MOINES IA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☒ Addition
6. NAME	VP Kurt, Pat
7. STREET ADDRESS	4660 S. Hagadorn
8. CITY-ST-ZIP	East Lansing, MI
9. TITLE	☐ Change ☒ Addition
10. NAME	S Pierick, Jeffrey M.
11. STREET ADDRESS	4660 S. hagadorn
12. CITY-ST-ZIP	East Lansing, MI
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	
21. TITLE	☐ Change ☐ Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
25. TITLE	☐ Change ☐ Addition
26. NAME	
27. STREET ADDRESS	
28. CITY-ST-ZIP	
29. TITLE	☐ Change ☐ Addition
30. NAME	
31. STREET ADDRESS	
32. CITY-ST-ZIP	
33. TITLE	☐ Change ☐ Addition
34. NAME	
35. STREET ADDRESS	
36. CITY-ST-ZIP	
37. TITLE	☐ Change ☐ Addition
38. NAME	
39. STREET ADDRESS	
40. CITY-ST-ZIP	
41. TITLE	☐ Change ☐ Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
45. TITLE	☐ Change ☐ Addition
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47. STREET ADDRESS	
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49. TITLE	☐ Change ☐ Addition
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87. STREET ADDRESS	
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89. TITLE	☐ Change ☐ Addition
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91. STREET ADDRESS	
92. CITY-ST-ZIP	
93. TITLE	☐ Change ☐ Addition
94. NAME	
95. STREET ADDRESS	
96. CITY-ST-ZIP	
97. TITLE	☐ Change ☐ Addition
98. NAME	
99. STREET ADDRESS	
100. CITY-ST-ZIP	

**800001817728
-05/13/96--01017--007
***200.00**

5-1-96 OR

SIGNATURE:

Alta J. Jones

Alta J. Jones, SR VP & CFO 4/22/96

(515) 237-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (12/95)