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	Mailing Address
4651 SALISBURY RD SUITE 241 JACKSONVILLE FL 32256 US	~~405 S.W. FIFTH STREET~~ ATTN: CORP TAX DEPT. DES MOINES IA ~~50309~~ US

2. Principal Place of Business (21)	2a. Mailing Address (26) 405 SW 5th Street, UN5874
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) 50328 / Country (30) Polk

3. Date Incorporated or Qualified: 12/30/1988
3a. Date of Last Report: 04/25/1995
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
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 ______

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip	Delete
P	ALTER, NICHILAS,	4660 SOUTH HAGADORN	EAST LANSING MI	☐
V	COLTHORP, TODD	4660 S HAGADORN	EAST LANSING MI	☒
V	LUNTZ, IRA	4660 SOUTH HAGADORN	EAST LANSING MI	☒
VT	JONES, ALTA A	405 SW 5TH ST	DES MOINES IA	☐
VSD	MORRISON, STEPHEN D.	405 SW 5TH STREET	DES MOINES IA	☐
DC	KELLER, MICHAEL	405 SW 5TH STREET	DES MOINES IA	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

#	Title	Name	Street Address	City-St-Zip	Change	Addition
1					☐	☐
2	VP	Kurt, Pat	4660 S. Hagadorn	East Lansing, MI	☐	☒
3	S	Pierick, Jeffrey M.	4660 S. hagadorn	East Lansing, MI	☐	☒
4					☐	☐
5					☐	☐
6					☐	☐

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CR2E034 (12/95)

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: Alta J. Jones, SR VP & CFO 4/22/96 (515) 237-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #