

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> 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 S.W. 5TH STREET  
UN5874  
DES MOINES IA 50309-4600  
US**



<b>2. Principal Place of Business</b> <b>21 Boris Systems, Inc.</b> Suite, Apt. #, etc.		<b>2a. Mailing Address</b> <b>26 Boris Systems, Inc.</b> Suite, Apt. #, etc.		<b>3. Date Incorporated or Qualified</b> <b>12/30/1988</b>	<b>3a. Date of Last Report</b> <b>05/01/1996</b>
<b>22 4651 Salisbury Rd. #241</b> City & State		<b>27 100 Washington SQ #1000</b> City & State		<b>4. FEI Number</b> <b>38-2401510</b>	Applied For <input type="checkbox"/> Not Applicable
<b>23 Jacksonville, FL</b> Zip		<b>28 Minneapolis, MN</b> Zip		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>24 32256</b>		<b>29 55401</b>		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALTER, NICHILAS,</b>	1.2 NAME	<b>President</b>
STREET ADDRESS	<b>4660 SOUTH HAGADORN</b>	1.3 STREET ADDRESS	<b>Thomas Gregorich</b>
CITY - ST - ZIP	<b>EAST LANSING MI</b>	1.4 CITY - ST - ZIP	<b>100 Washington Sq. #1000</b>
TITLE	<b>VP</b>	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KURT, PAT</b>	2.2 NAME	<b>Vice President</b>
STREET ADDRESS	<b>4660 S HAGADORN</b>	2.3 STREET ADDRESS	<b>Nick Alter</b>
CITY - ST - ZIP	<b>EAST LANSING MI</b>	2.4 CITY - ST - ZIP	<b>4660 S. Hagadorn #420</b>
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PIERICK, JEFFREY M</b>	3.2 NAME	<b>Treasurer</b>
STREET ADDRESS	<b>4660 SOUTH HAGADORN</b>	3.3 STREET ADDRESS	<b>Walter Cohen</b>
CITY - ST - ZIP	<b>EAST LANSING MI</b>	3.4 CITY - ST - ZIP	<b>100 Washington Sq. #1000</b>
TITLE	<b>VT</b>	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONES, ALTA A</b>	4.2 NAME	<b>Secretary</b>
STREET ADDRESS	<b>405 SW 5TH ST</b>	4.3 STREET ADDRESS	<b>Anne McDonald</b>
CITY - ST - ZIP	<b>DES MOINES IA</b>	4.4 CITY - ST - ZIP	<b>100 Washington Sq. #1000</b>
TITLE	<b>VSD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRISON, STEPHEN D.</b>	5.2 NAME	
STREET ADDRESS	<b>405 SW 5TH STREET</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DES MOINES IA</b>	5.4 CITY - ST - ZIP	
TITLE	<b>DC</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLER, MICHAEL</b>	6.2 NAME	
STREET ADDRESS	<b>405 SW 5TH STREET</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DES MOINES IA</b>	6.4 CITY - ST - ZIP	

**14. I do 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.**

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)