SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
Jul 09 1996 8:00 am
Secretary of State

DOCUMENT # P22832 (0)

1. Corporation Name

INTERCEPT SYSTEMS, INC.

Principal Place of Business	Mailing Address
6611 BAY CIRCLE, SUITTE 160 NORCROSS GA 30071	6611 BAY CIRCLE, SUITTE 160 NORCROSS GA 30071

3. Date Incorporated or Qualified: 02/01/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2711486 ☐ 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	Suite, Apt #, etc. 27 Suite
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NANDA, VIR		1.2 NAME		
STREET ADDRESS	6611 BAY CIRCLE, #160		1.3 STREET ADDRESS		
CITY-ST-ZIP	NORCROSS GA		1.4 CITY-ST-ZIP		
TITLE	~~SVD~~	☐ DELETE	2.1 TITLE	C/CEO/D	☒ Change ☐ Addition
NAME	COLLINS, JOHN W.		2.2 NAME		
STREET ADDRESS	6611 BAY CIRCLE, #160		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORCROSS GA		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HENDERSON, JAMES R.		3.2 NAME		
STREET ADDRESS	6611 BAY CIRCLE, #160		3.3 STREET ADDRESS		
CITY-ST-ZIP	NORCROSS GA		3.4 CITY-ST-ZIP		
TITLE	CFO	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	INGRAM, DONNA M		4.2 NAME		
STREET ADDRESS	6611 BAY CIRCLE, #160		4.3 STREET ADDRESS		
CITY-ST-ZIP	NORCROSS GA		4.4 CITY-ST-ZIP	Norcross	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	Donny R. Jackson		5.2 NAME		
STREET ADDRESS	6611 Bay Circle, #160		5.3 STREET ADDRESS		
CITY-ST-ZIP	Norcross, GA.		5.4 CITY-ST-ZIP		
TITLE	Secretary	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	Marie H. Storey		6.2 NAME		
STREET ADDRESS	6611 Bay Circle #160		6.3 STREET ADDRESS		
CITY-ST-ZIP	Norcross, GA		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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna M Ingram — 7/5/96 — (770) 246-3715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Donna M. Ingram, CFO

CR2E034 (3/96)