

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90108 041 ***150.00

DOCUMENT # P22832

1. Corporation Name
INTERCEPT SYSTEMS, INC.



Principal Place of Business
3150 HOLCOMB BRIDGE ROAD
STE 200
NORCROSS GA 30071
US

Mailing Address
3150 HOLCOMB BRIDGE ROAD
STE 200
NORCROSS GA 30071
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1989

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

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

VENDOR # 1290

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACKSON, DONNY	
STREET ADDRESS	3150 HOLCOMB BRIDGE ROAD STE 200	
CITY-ST-ZIP	NORCROSS GA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	COLLINS, JOHN W.	
STREET ADDRESS	3150 HOLCOMB BRIDGE ROAD STE 200	
CITY-ST-ZIP	NORCROSS GA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	STOREY, MARIE H	
STREET ADDRESS	3150 HOLCOMB BRIDGE ROAD STE 200	
CITY-ST-ZIP	NORCROSS GA	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	INGRAM, DONNA M	
STREET ADDRESS	3150 HOLCOMB BRIDGE ROAD STE 200	
CITY-ST-ZIP	NORCROSS GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. INVOICE # ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DUE DATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REF	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	519	
2.1 TITLE	VOUCHER # 38809	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DATE ENTERED 033099	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Scott Meyerhoff, Scott	
3.3 STREET ADDRESS	SAME	
3.4 CITY-ST-ZIP		
4.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Meyerhoff, Scott	
4.3 STREET ADDRESS	SAME	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Signature and typed or printed name of signing officer or director

3-29-99

Date

770-246-7800

Daytime Phone #

CR2E034 (1/1/98)