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 May 10, 1999 8:00 am Secretary of State

05-10-1999 90004 047 ***150.00

DOCUMENT # P23415 1. Corporation Name NATIONWIDE INFORMATION SERVICES, INC.					1 (48):444 118 (1884 HILL BLARK LIBRA BH) 2101 BLA	8 8 8 6	#1811 01811 1881
Principal Place of Business Mailing Address							
1201 HAYS STREET 1201 HAYS STREET TALLAHASSEE FL 32301 TALLAHASSEE FL 32301							
TALLATINOSEE PE 32301 TALLATINOSEE PE 32301					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
					03/15/1989		
Principal Place of Business 2a. Mailing Address			-		4. FEI Number	-	pplied For
21 26				14-1620879		lot Applicable	
Suite, Apt. #; etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional lequired	
22 27							
City & State City & State		⊢			6. Election Campaign Financing Trust Fund Contribution		May Be
23 Zin	Zip Country Zip		Country		Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible		
24	25 29 3		¬ '		Personal Property Tax.		
44	9. Name and Address of Curre		'' 		10. Name and Address of New Registered Agr	ent	
CORPORATION INFORMATION SERVICES, INC.				Name			
				Street Addr	ress (P.O. Box Number is Not Acceptable)		
1201 HAYES STREET				Oll Oct 7 ldar			
TALLAHASSEE FL 32301			83				
	• • • • •		84	City		85 Zip	Code
					in a grand of the late of the		
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 age	and title of gradicable (NOTE: Re	aistered Ager	nt signature require	ad when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND I	DIRECT	ORS IN 12
TITLE	PTD □ DELETE 1		1.1 TITLE] Change	☐ Addition
NAME	BURGETT, W.E.		1.2 NAME				
STREET ADDRESS	: 4 <u>—</u>		1.3 STREET	T ADDRESS			ı
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			
TITLE	VSD	☐ DELETE	2.1 TITLE] Change	Addition
NAME			2.2 NAME				
STREET ADDRESS	52 JAMES ST.		2.3 STREE	TADDRESS			
CITY-ST-ZIP	ALBANY NY		2. 4 CITY-5	ST-ZIP		1.0%	
TITLE			3.1 TITLE		Ł] Change	Addition
NAME	32		32 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP	□ Pri str		3 4. CITY-ST-ZIP] Change	Addition
TITLE			4.1 TITLE 4. 2 NAME		L	T cuande	L. Addition
NAME				* ******			(
STREET ADDRESS				T ADDRESS			ĺ
CITY-ST-ZIP		DELETE	4.4 CITY-S 5.1 TITLE	1-41	۰۲] Change	Addition
TITLE		C MEETIC	5.1 HILE 5.2 NAME		,		7
NAME	•			TADDRESS			
STREET ADDRESS				T-ZIP			
CITY-ST-ZIP		5.4 Cl ☐ DELETE 6.1 Tl			Г] Change	☐ Addition
NAME		62N			_	_	
				TADDRESS			
STREET ADDRESS			6.4 CMY-S				
CITY-ST-ZIP	İ					.,	

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 AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99

518-449-8429

Daytime Phone #

R2E034 (11/98)