FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY 23 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P24735 (3)

1. Corporation Name
LEPERCO TALLAHASSEE, INC.

Principal Place of Business
2900 NORTH MONROE
TALLAHASSEE FL 32300

Mailing Address
1010 WISCONSIN AVE. #650
WASHINGTON DC 20007

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/14/1989
3a. Date of Last Report: 04/13/1994
4. FEI Number: 13-3537874 — 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 (21) / 2a. Mailing Address (26)
Suite, Apt. # etc. (22) / Suite, Apt. # etc. (27)
City & State (23) / City & State (28)
Zip (24) / Country (25) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
UNITED CORPORATE SERVICES, INC. 801 N.E. 167TH ST. SUITE 300 N. MIAMI BCH., FL 33162	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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1 TITLE — Change / Addition
NAME	ROUSE, RICHARD	1 NAME
STREET ADDRESS	355 LEXINGTON AVE.	1 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY	1 CITY-ST-ZIP
TITLE	VD	2 TITLE — Change / Addition
NAME	WHETSELL, PAUL	2 NAME
STREET ADDRESS	355 LEXINGTON AVE.	2 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY	2 CITY-ST-ZIP
TITLE	CSD	3 TITLE — Change / Addition
NAME	ROSKIND, E. ROBERT	3 NAME
STREET ADDRESS	355 LEXINGTON AVE.	3 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY	3 CITY-ST-ZIP
TITLE	V	4 TITLE — Change / Addition
NAME	TRIGIANI, ANTONIA G.	4 NAME
STREET ADDRESS	355 LEXINGTON AVE.	4 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY	4 CITY-ST-ZIP
TITLE	AS	5 TITLE — Change / Addition
NAME	PETERS, WILLIAM R.	5 NAME
STREET ADDRESS	335 LEXINGTON AVE.	5 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY	5 CITY-ST-ZIP
TITLE		6 TITLE — Change / Addition
NAME		6 NAME
STREET ADDRESS		6 STREET ADDRESS
CITY-ST-ZIP		6 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)(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 changing, or on an attachment with an address.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0474495 FP

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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

FILED
'95 ... 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25464 (9)

1. Corporate Name

TRANSACTION TECHNOLOGY CORPORATION

Principal Place of Business
22 SOUTH MAIN ST.
GREENVILLE SC 29601

Mailing Address
22 SOUTH MAIN ST.
GREENVILLE SC 29601
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1989
3a. Date of Last Report: 03/14/1994
4. FEI Number: 57-0757882 [ ] 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. [ ] Yes [ ] No

2. Principal Place of Business
21 22 SOUTH MAIN STREET
22
23 GREENVILLE, S.C.
24 29601 25 AMERICA

2a. Mailing Address
26 P.O. BOX 8695
27
28 GREENVILLE, S.C.
29 29604 30 AMERICA

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. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HARRISON, JERRY SR
STREET ADDRESS	81 FOREST LANE
CITY-ST-ZIP	GREENVILLE SC
TITLE	PDS
NAME	HARRISON, JERRY SR
STREET ADDRESS	81 FOREST LANE
CITY-ST-ZIP	GREENVILLE SC
TITLE	TD
NAME	HARRISON, EDWARD, JR.
STREET ADDRESS	316 BYRD BLVD.
CITY-ST-ZIP	GREENVILLE SC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PRESIDENT	XX Change [ ] Addition
NAME	HARRISON, JERRY JR.	
STREET ADDRESS	106 E. AUGUSTA PLACE	
CITY-ST-ZIP	GREENVILLE, S.C. 29605	
TITLE	VICE PRESIDENT	XX Change [ ] Addition
NAME	HARRISON, JERRY SR.	
STREET ADDRESS	22 SOUTH MAIN STREET	
CITY-ST-ZIP	GREENVILLE, S.C. 29601	
TITLE	TREASURER	XX Change [ ] Addition
NAME	HARRISON, EDWARD F.	
STREET ADDRESS	316 BYRD BLVD.	
CITY-ST-ZIP	GREENVILLE, S.C. 29605	
		[ ] Change [ ] Addition
		[ ] Change [ ] Addition
		[ ] Change [ ] Addition

14. [illegible]

SIGNATURE: X [signature] 5/16/95. (803) 271-6522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY J. HARRISON, JR.

0478185 FF

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
... AM 10: 19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25967** **(1)**

1. Corporation Name
SOS INDUSTRIES, INC.

Principal Place of Business	Mailing Address
2650 N DIXIE FREEWAY P O BOX 814 NEW SMYRNA BEACH FL 32168	2650 N DIXIE FREEWAY P O BOX 814 NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1989	3a. Date of Last Report: 05/09/1994
4. FEI Number: 65-0092837	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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22 / 27
City & State: 23 / 28
Zip: 24 / 29 Country: 25 / 30

9. Name and Address of Current Registered Agent

KANE, WILLIAM B.
2650 N DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168

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

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
PD	KANE, WILLIAM B.	2650 N DIXIE FREEWAY	NEW SMYRNA BEACH FL
V	HENDRY, DEBORAH K.	2650 N DIXIE FREEWAY	NEW SMYRNA BEACH FL
D	GREEN, GLEN E.	2627 SPRING PARK ROAD	JACKSONVILLE FL
D	MARTZ, GARY A.	2627 SPRING PARK ROAD	JACKSONVILLE FL
V	MCGUINN, DENITA K	2650 N. DIXIE HWY	NEW SMYRNA BCH FL
V	HENDRY, WILLIAM C.	2650 N. DIXIE HWY	NEW SMYRNA BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INFO.

[ ] Change [ ] Addition (×6)

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), Florida Statutes. I further certify that the information indicated on the 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] William B. Kane 05/17/95 904 423-5521

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0010200 CP