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 -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25880** **(6)**

1. Corporation Name
RESEARCH SYSTEMS CORPORATION

Principal Place of Business	Mailing Address
110 WALNUT ST. EVANSVILLE IN 47708	110 WALNUT ST. EVANSVILLE IN 47708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/30/1989**
3a. Date of Last Report: **04/27/1994**

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):

4. FEI Number: **35-1331140** ☐ 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 filed for exemption as under S. 193.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required where applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BLAIR, MARGARET H.	12 NAME	
STREET ADDRESS	110 WALNUT ST	13 STREET ADDRESS	
CITY ST ZIP	EVANSVILLE IN	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	ERNSPIGER, C. SUE	22 NAME	
STREET ADDRESS	110 WALNUT ST	23 STREET ADDRESS	
CITY ST ZIP	EVANSVILLE IN	24 CITY ST ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	TRAINUM, MARY PAT	32 NAME	
STREET ADDRESS	110 WALNUT ST	33 STREET ADDRESS	
CITY ST ZIP	EVANSVILLE IN	34 CITY ST ZIP	
TITLE	STD	41 TITLE	☐ Change ☐ Addition
NAME	COLLIER, LOIS M.	42 NAME	
STREET ADDRESS	110 WALNUT ST	43 STREET ADDRESS	
CITY ST ZIP	EVANSVILLE IN	44 CITY ST ZIP	
TITLE	CD	51 TITLE	☐ Change ☐ Addition
NAME	COLLIER, REGINALD B.	52 NAME	
STREET ADDRESS	110 WALNUT ST	53 STREET ADDRESS	
CITY ST ZIP	EVANSVILLE IN	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I/We 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 changed, or on an attachment with an address.

SIGNATURE: Margaret Trainum 4/17/95 812-425-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

040/000 PN