

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27071

1. Entity Name

SUPERMARKET INFORMATION SYSTEMS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90007 021 ***150.00

Principal Place of Business

Mailing Address

4045 UNIVERSITY PKWY
 WINSTON-SALEM NC 27106
 US

4045 UNIVERSITY PKWY
 WINSTON SALEM NC 27106-3325
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

56-1670459

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PIDMONT, J.F.
28100 US HWY 19 N
STE 301
CLEARWATER FL 33761

Name **Piedmont, J.F.**

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **CEO**
 STREET ADDRESS **PIEDMONT, JEFF F.**
 CITY-ST-ZIP **114 WATEREDGE CT**
SAFETY HARBOR FL 34695

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **HOBSON, M. GILBERT**
 CITY-ST-ZIP **4437 LOCHURST**
PFAFFTOWN NC

TITLE Change Addition
 NAME
 STREET ADDRESS **4001 Loffer Court**
 CITY-ST-ZIP **27040**

TITLE Delete
 NAME **TASD**
 STREET ADDRESS **NEESE, EMILY G**
 CITY-ST-ZIP **124 PLYMOUTH AVE**
WINSTON-SALEM NC 27104

TITLE Change Addition
 NAME **CFO/TASD**
 STREET ADDRESS **2680 Reynolds Drive**
 CITY-ST-ZIP

TITLE Delete
 NAME **PD**
 STREET ADDRESS **BRAND, DAWN K**
 CITY-ST-ZIP **4495 ASBURY PL DR**
CLEMMONS NC 27012

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *EMILY G NEESE*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00 **336-896-1900**
 Date Daytime Phone #

CR2E034 (9/99)