

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P28785** (4)
1. Corporation Name
OPTICAL DATA CORPORATION

Principal Place of Business 512 MEANS ST NW SUITE 100 ATLANTA GA 30318 US	Mailing Address 512 MEANS ST NW SUITE 100 ATLANTA GA 30318 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 04/05/1990 4. FEI Number 13-3117783 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK WILLIAMS E	1.2 NAME	ANDREW MERDEK
STREET ADDRESS	512 MEANS ST NW SUITE 100	1.3 STREET ADDRESS	1400 LAKE HEARN DRIVE NE
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	ATLANTA GA 30319
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES T MCKNIGHT	2.2 NAME	JAMES T MCKNIGHT
STREET ADDRESS	512 MEANS ST NW SUITE 100	2.3 STREET ADDRESS	512 MEANS ST NW SUITE 100
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	ATLANTA GA
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH LUPPINO	3.2 NAME	RICHARD JACOBSON
STREET ADDRESS	512 MEANS ST NW SUITE 100	3.3 STREET ADDRESS	1400 LAKE HEARN DRIVE NE
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	ATLANTA GA 30319
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDORS, LEON	4.2 NAME	DEAN EISNER
STREET ADDRESS	133 WEST 21ST STREET	4.3 STREET ADDRESS	1400 LAKE HEARN DRIVE NE
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	ATLANTA GA 30319
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINSON, JOHN	5.2 NAME	WILLIAM KILLEN
STREET ADDRESS	9987 LENOX DR. NO. 5	5.3 STREET ADDRESS	1400 LAKE HEARN DRIVE NE
CITY-ST-ZIP	LAWRENCEVILLE NJ 08048	5.4 CITY-ST-ZIP	ATLANTA GA 30319
TITLE	F <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, WILLIAM E.	6.2 NAME	VIRGINIA STRETCHER
STREET ADDRESS	512 MEANS STREET NW, SUITE 100	6.3 STREET ADDRESS	2790 BUSINESS PARK DRIVE
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	VISTA CA 92083

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 address.

SIGNATURE: *JOE LUPPINO*

3/17/98

404-221-4524

CR2E034 (10/97)