

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

001277

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90142 034 ***150.00

DOCUMENT # P28785

1. Corporation Name
OPTICAL DATA CORPORATION

Principal Place of Business
512 MEANS ST NW
SUITE 100
ATLANTA GA 30318
US

Mailing Address
~~ST. THE PRENTICE-HALL COMPANIES, INC.~~
~~SUITE 100~~
~~ATLANTA, GA 30318~~
US 1221 AVENUE OF THE AMERICAS
NEW YORK, NY 10020-1095

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/05/1990

4. FEI Number
13-3117783

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

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

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
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

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 DELETE	1.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERDEK, ANDREW	1.2 NAME	LINDA POON
STREET ADDRESS	1400 LAKE HEARN DRIVE NE	1.3 STREET ADDRESS	59 SYCAMORE LANE
CITY-ST-ZIP	ATLANTA GA 30319	1.4 CITY-ST-ZIP	IRVINGTON, NY 10533
TITLE	PD DELETE	2.1 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES T MCKNIGHT	2.2 NAME	JACK WITMER
STREET ADDRESS	512 MEANS ST NW SUITE 100	2.3 STREET ADDRESS	6954 PINE VALLEY LANE
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	WESTERVILLE, OH 43082
TITLE	V DELETE	3.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH LUPPINO	3.2 NAME	FRANK J. KAUFMAN
STREET ADDRESS	512 MEANS ST NW SUITE 100	3.3 STREET ADDRESS	50 E. 89TH STREET
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	NEW YORK, NY 10028
TITLE	P DELETE	4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDORS, LEON	4.2 NAME	FRANK PENGLASE
STREET ADDRESS	133 WEST 21ST STREET	4.3 STREET ADDRESS	35 E. 85TH STREET
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	NEW YORK, NY 10028
TITLE	D DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINSON, JOHN	5.2 NAME	HAROLD W. MCBRAW III
STREET ADDRESS	9987 LENOX DR. NO. 5	5.3 STREET ADDRESS	FIVE HAUSER ROAD
CITY-ST-ZIP	LAWRENCEVILLE NJ 08648	5.4 CITY-ST-ZIP	DARIEN, CT 06820
TITLE	D DELETE	6.1 TITLE	VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, RICHARD	6.2 NAME	JOSEPH MICHAEL
STREET ADDRESS	1400 LAKE HEARN DRIVE NE	6.3 STREET ADDRESS	6 KEOHE COURT
CITY-ST-ZIP	ATLANTA GA 30319	6.4 CITY-ST-ZIP	CRANBURY, NJ 08512

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:

FRANK J. KAUFMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)