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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P29252

1. Corporation Name

DIAMOND MANAGEMENT SYSTEMS, INC.

Principal Place of Business
SUITE 800. JENKINTOWN PLAZA 101 GREENWOOD AVENUE JENKINTOWN PA 19046

Mailing Address

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90037 031 ***150.00



SUITE 600. JENKINTOWN PLAZA 101 GREENWOOD AVENUE JENKINTOWN PA 19046 SUITE 600. JENKINTOWN PLAZA 101 GREENWOOD AVENUE JENKINTOWN PA 19046 JENKINTOWN PA 19046					DO NOT WRITE IN TH 3. Date Incorporated or Qualifed 05/04/1990	IIS SPACE		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For	
21 26					23-2468307	No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional	
22 27					5. Certifcate of Status Desired	Fee Re	equired	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
23					Trust Fund Contribution	Added	to Fees	
Zip	Country Zip Cour				8. This corporation owes the current year		_	
24	25 29 30			Personal Property Tax. ✓ Yes No				
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registered Agent				
				81 Name				
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324								
I DATATION I D GGGC4			83					
			84	, ,	F	L	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, twoed or conted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
				t signature	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	200 IN 12	
12.			13.		VICE PRESIDENT - MARKETING		Addition	
TITLE	CD	☐ DELETE			TODO A. BROWNING		Jan / Iddition/	
NAME	DIAMOND, THOMAS D.		1.2 NAME		101 Greenwood Ave			
STREET ADDRESS	101 GREENWOOD AVE.		1.3 STREET					
CITY-ST-ZIP	JENKINTOWN PA			T-ZIP	JENKINTOWN, PA	Change	Addition	
TITLE	PD	☐ DELETE 2.1 TIT				Change		
NAME	DIAMOND, DOUGLAS L.		2.2 NAME				1	
STREET ADORESS	101 GREENWOOD AVE.		2.3 STREE	TADDRESS				
CITY-ST-ZIP	JENKINTOWN PA	2. 4 Cl		T-ZIP		Chart	- Addition	
TITLE	V	☐ DELETE 3.1 TII				Change	☐ Addition	
NAME	REGESTER, PARKE A.	GESTER, PARKE A. 3.2 NA						
STREET ADDRESS	101 GREENWOOD AVE.		3.3 STREE	TADDRESS				
CITY-ST-ZIP	JENKINTOWN PA		3.4. CITY-9	ST-ZIP				
TITLE	STD	☐ DELETE 4.1 TI				Change	☐ Addition	
NAME	DIAMOND, JOANNE L.		4. 2 NAME					
STREET ADDRESS	101 GREENWOOD AVE.	4.3 ST		T ADDRESS				
CITY-ST-ZIP	JENKINTOWN PA	4.4 Cn		T-ZIP				
TITLE	V	☐ DELETE	5.1 TITLE			Change	Addition	
NAME	LYLE, SUSAN		5.2 NAME					
STREET ADDRESS	101 GREENWOOD AVE.		5.3 STREE					
CITY-ST-ZIP	JENKINTOWN PA		5.4 CITY-S	T-ZIP				
TITLE	V	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME	DIFIGLIA, VINCENT P		6.2 NAME				ļ	
STREET ADDRESS	101 GREENWOOD AVE.		6.3 STREE	T ADDRESS				
CITY-ST-ZIP	JENKINTOWN PA		6.4 CITY-S	T-ZIP				

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: