FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P29593** **(1)**

1. Corporation Name

CTI SERVICES, INC.

Principal Place of Business	Mailing Address
810 INNOVATION DRIVE KNOXVILLE TN 37932	810 INNOVATION DRIVE KNOXVILLE TN 37932

3. Date Incorporated or Qualified: **06/01/1990**
3a. Date of Last Report: **05/10/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **62-1361631** ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WEST, TOM
3003 W DR. MARTIN LUTHER KING, JR.,BLVD
TAMPA FL 33607

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 _____
Signature(s) required for petitioned change of registered agent and officer/director applicable. NOTE: Registered Agent signature required when not submitted.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MONACO, JIM		1.2 NAME		
STREET ADDRESS	810- INNOVATION DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PERRINE, DON		2.2 NAME		
STREET ADDRESS	810 INNOVATION DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MILAN, KELLY		3.2 NAME	000001724[illegible].00	
STREET ADDRESS	810 INNOVATION DRIVE		3.3 STREET ADDRESS	-02/27/96--01021--022	
CITY-ST-ZIP	KNOXVILLE TN		3.4 CITY-ST-ZIP	***200.00	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOUGLASS, TERRY		4.2 NAME		
STREET ADDRESS	810 INNOVATION DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NUTT, RON		5.2 NAME		
STREET ADDRESS	810 INNOVATION DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do 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)(k), 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: James H. Monaco, President — Feb 5, 1996 — 423-966-7539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #