FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 11:24

DOCUMENT # **P29654** **(1)**

1. Corporation Name

CENTURY DATA SYSTEMS, INC.

Principal Place of Business	Mailing Address
C/O CHARLES F. GOLDSTON ~~3904 CORPOREX PARK DRIVE, SUITE 150~~ TAMPA FL 33619 3902 Corporex Park Dr # 600	C/O CHARLES F. GOLDSTON ~~3904 CORPOREX PARK DRIVE, SUITE 150~~ TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1990	3a. Date of Last Report: 05/01/1994
4. FEI Number: 56-1103718	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 3902 Corporex Park DR	26 3902 Corporex Park Drive
22 Suite, Apt. #, etc. 600	27 Suite, Apt. #, etc. Suite 600
23 City & State Tampa FL	28 City & State Tampa FL
24 Zip 33619 25 Country Hillsborough	29 Zip 33619 30 Country Hillsborough

9. Name and Address of Current Registered Agent

GOLDSTON, CHARLES F.
3904 CORPOREX PARK DRIVE, SUITE 150
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 3902 Corporex Park Drive

83 Suite 600

84 City: Tampa FL 85 Zip Code: 33619

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WIGGINS, CLARENCE R.	12 NAME	
STREET ADDRESS	506 N. HARRINGTON STREET	13 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, D. WAYNE	22 NAME	
STREET ADDRESS	506 N. HARRINGTON STREET	23 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	24 CITY-ST-ZIP	
TITLE	ST	31 TITLE	☐ Change ☐ Addition
NAME	WERTZ, KENNETH W	32 NAME	
STREET ADDRESS	506 N. HARRINGTON STREET	33 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	BAILEY, R.T.	42 NAME	
STREET ADDRESS	506 N. HARRINGTON STREET	43 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TRULL, LARRY	52 NAME	
STREET ADDRESS	506 N. HARRINGTON STREET	53 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	AMAN, GENE	62 NAME	
STREET ADDRESS	506 N. HARRINGTON STREET	63 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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.

SIGNATURE: Kenneth Wertz Sec/Mgr 3/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF MGRMBR OFFICER OR DIRECTOR — Date — Telephone Number

0290610 CP