

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P29654**

(1)

1. Corporation Name
CENTURY DATA SYSTEMS, INC.

Principal Place of Business

**3902 CORPOREX PARK DR.
600
TAMPA FL 33619
US**

Mailing Address

**PO BOX 27884
RALEIGH NC 27611-7884
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GOLDSTON, CHARLES F.
3902 CORPOREX PARK DRIVE
SUITE 600
TAMPA FL 33619**

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

(Signature by either printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **WILLIAMS, D. WAYNE**
STREET ADDRESS **506 N. HARRINGTON STREET**
CITY-ST-ZIP **RALEIGH NC**

TITLE **ST** ☐ DELETE

NAME **WERTZ, KENNETH W**
STREET ADDRESS **506 N. HARRINGTON STREET**
CITY-ST-ZIP **RALEIGH NC**

TITLE **V** ☐ DELETE

NAME **BAILEY, R.T.**
STREET ADDRESS **506 N. HARRINGTON STREET**
CITY-ST-ZIP **RALEIGH NC**

TITLE **D** ☐ DELETE

NAME **TRULL, LARRY**
STREET ADDRESS **506 N. HARRINGTON STREET**
CITY-ST-ZIP **RALEIGH NC**

TITLE **D** ☐ DELETE

NAME **AMAN, GENE**
STREET ADDRESS **506 N. HARRINGTON STREET**
CITY-ST-ZIP **RALEIGH NC**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 02 1997 8:00am
Secretary of State



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