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 MAY -1 AM 10:26

DOCUMENT # P30877 (5)

1. Corporation Name
CONVERSION SYSTEMS, INC.

Principal Place of Business	Mailing Address
200 WELSH ROAD HORSHAM PA 19044 US	FIVE HIGH RIDGE PARK P O BOX 10009 STAMFORD CT 06904-2309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 23-2605725 ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	HARKER, RICHARD A.	12 NAME	
STREET ADDRESS	200 WELSH ROAD	13 STREET ADDRESS	
CITY ST ZIP	HORSHAM PA	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, AARNE	22 NAME	
STREET ADDRESS	5 HIGH RIDGE PARK	23 STREET ADDRESS	
CITY ST ZIP	STANDFORD CT	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	HUBEN, CHRISTINA E	32 NAME	
STREET ADDRESS	5 HIGH RIDGE PARK	33 STREET ADDRESS	
CITY ST ZIP	STANFORD CT	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	HILTON, ROBERT G.	42 NAME	
STREET ADDRESS	200 WELSH ROAD	43 STREET ADDRESS	
CITY ST ZIP	HORSHAM PA	44 CITY ST ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	GUZZETTI, LOUIS A., JR.	52 NAME	
STREET ADDRESS	5 HIGH RIDGE PARK	53 STREET ADDRESS	
CITY ST ZIP	STAMFORD CT	54 CITY ST ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	HULL, JAMES C.	62 NAME	
STREET ADDRESS	5 HIGH RIDGE PARK	63 STREET ADDRESS	
CITY ST ZIP	STAMFORD CT	64 CITY ST ZIP	

REMITTED BY MAY 1

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: _____ Vice President 04/20/95 (203) 321-1150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000080 CP