

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

FILED

**Mar 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P34507 (4)

1. Corporation Name
AFSA DATA CORPORATION



Principal Place of Business 2277 EAST 220TH ST. LONG BEACH CA 90810-1639	Mailing Address ATTN: STEVEN P. ALLEN 2277 EAST 220TH ST. LONG BEACH CA 90810-1639
--	--

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/24/1991	
4. FEI Number 95-2501112	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	MUTTERPERL, WILLIAM
STREET ADDRESS	50 KENNEDY PLAZA
CITY-ST-ZIP	PROVIDENCE RI
TITLE	D <input type="checkbox"/> DELETE
NAME	SARLES, H. JAY L
STREET ADDRESS	50 KENNEDY PLAZA
CITY-ST-ZIP	PROVIDENCE RI
TITLE	D <input type="checkbox"/> DELETE
NAME	MCQUADE, EUGENE M
STREET ADDRESS	50 KENNEDY PLAZA
CITY-ST-ZIP	PROVIDENCE RI
TITLE	D <input type="checkbox"/> DELETE
NAME	ZUCCHINI, MICHAEL R.
STREET ADDRESS	50 KENNEDY PLAZA
CITY-ST-ZIP	PROVIDENCE RI
TITLE	DC <input type="checkbox"/> DELETE
NAME	LEAFSTEDT, DOUGLAS A.
STREET ADDRESS	2277 E. 220TH ST.
CITY-ST-ZIP	LONG BEACH CA
TITLE	DP <input type="checkbox"/> DELETE
NAME	SNYDER, STEVEN E.
STREET ADDRESS	2277 E. 220TH ST.
CITY-ST-ZIP	LONG BEACH CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	one Federal Street
2.3 STREET ADDRESS	Boston, MA 02211
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	One Federal Street
3.3 STREET ADDRESS	Boston, MA 02211
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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.

SIGNATURE _____

CR2E034 (10/97)