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**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90110 020 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P34507**

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

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

2. Principal Place of Business 21 <b>one World Trade Center</b> Suite, Apt. #, etc. 22 <b>Suite 2200</b> City & State 23 <b>Long Beach, CA</b> Zip 24 <b>90831</b>	2a. Mailing Address 26 <b>one World Trade Center</b> Suite, Apt. #, etc. 27 <b>Suite 2200</b> City & State 28 <b>Long Beach, CA</b> Zip 29 <b>90831</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MUTTERPERL, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>50 KENNEDY PLAZA</b>	1.3 STREET ADDRESS	<b>one Federal Street</b>
CITY-ST-ZIP	<b>PROVIDENCE RI</b>	1.4 CITY-ST-ZIP	<b>Boston, MA 02211</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D SARLES, H. JAY L</b>	2.2 NAME	
STREET ADDRESS	<b>ONE FEDERAL ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSOTN MA 02211</b>	2.4 CITY-ST-ZIP	<b>Boston, MA 02211</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D MCQUADE, EUGENE M</b>	3.2 NAME	
STREET ADDRESS	<b>ONE FEDERAL ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON FL 02211</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D ZUCCHINI, MICHAEL R.</b>	4.2 NAME	
STREET ADDRESS	<b>50 KENNEDY PLAZA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PROVIDENCE RI</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DC LEAFSTEDT, DOUGLAS A.</b>	5.2 NAME	
STREET ADDRESS	<b>2277 E. 220TH ST.</b>	5.3 STREET ADDRESS	<b>one world Trade Center, Suite 2200</b>
CITY-ST-ZIP	<b>LONG BEACH CA</b>	5.4 CITY-ST-ZIP	<b>Long Beach, CA 90831</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DP SNYDER, STEVEN E.</b>	6.2 NAME	
STREET ADDRESS	<b>2277 E. 220TH ST.</b>	6.3 STREET ADDRESS	<b>one World Trade Center, Suite 2200</b>
CITY-ST-ZIP	<b>LONG BEACH CA</b>	6.4 CITY-ST-ZIP	<b>Long Beach, CA 90831</b>

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, with all other like empowered.

SIGNATURE: Steven E. Snyder 2/12/99 310-513-2728  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E034 (1/98)