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

APPROVED AND FILED
95 APR 26 AM 7:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P34919 (1)

1. Corporation Name
SSI SERVICES, INC.

Principal Place of Business	Mailing Address
213 INDUSTRIAL BLVD. TULLAHOMA TN 37388-4076 US	213 INDUSTRIAL BLVD. TULLAHOMA TN 37388-4076 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/30/1991
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 62-1413631 ☐ 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

PENLEY, WAYNE
3210 CALGARY STREET
MELBOURNE FL 32935

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: Wayne K Penley — 27MAR95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	TSAGGARIS, ALEXIS	1.2 NAME	
STREET ADDRESS	98 VANADIUM	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEVILLE PA	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	GUPTA, BAL	2.2 NAME	
STREET ADDRESS	98 VANADIUM	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEVILLE PA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, MATTHEW D.	3.2 NAME	
STREET ADDRESS	P. O. BOX 191 N H	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEWICKLEY PA	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	GARRETT, JAMES	4.2 NAME	
STREET ADDRESS	98 VANADIUM	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEVILLE PA	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	FALLERT, PAUL	5.2 NAME	
STREET ADDRESS	98 VANADIUM	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRIDGEVILLE PA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: James K Garrett — 4/3/95 — 615-455-4808
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — (Area Code) (Telephone Number)

0497867 FH