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
95 JAN 27 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P35113** (0)

1. Corporation Name
MIS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5600 GLENRIDGE DRIVE SUITE 370 ATLANTA GA 30342	5600 GLENRIDGE DRIVE SUITE 370 ATLANTA GA 30342

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/15/1991	3a. Date of Last Report: 02/08/1994
4. FEI Number: 58-1302867	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 Address: 1125 Northmeadow Pkwy.	26 Address: 1125 Northmeadow Pkwy.
22 Suite, Apt. #, etc.: Suite 120	27 Suite, Apt. #, etc.: Suite 120
23 City & State: Roswell, GA	28 City & State: Roswell, GA
24 Zip: 30076 / 25 Country: USA	29 Zip: 30076 / 30 Country: USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	1.1 TITLE	PS	☒ Change ☐ Addition
NAME	SIDES, RICHARD A.	1.2 NAME	Sides, Richard A.	
STREET ADDRESS	5600 GLENRIDGE DRIVE, SUITE 370	1.3 STREET ADDRESS	1125 Northmeadow Pkwy, Suite 120	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Roswell, GA 30076	
TITLE	CD	2.1 TITLE	CD	☒ Change ☐ Addition
NAME	SIDES, RICHARD A.	2.2 NAME	Sides, Richard A.	
STREET ADDRESS	5600 GLENRIDGE DRIVE, SUITE 370	2.3 STREET ADDRESS	1125 Northmeadow Pkwy, Suite 120	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	Roswell, GA 30076	
TITLE	AS	3.1 TITLE		☐ Change ☐ Addition
NAME	SHEARER, WILLIAM B., JR.	3.2 NAME		
STREET ADDRESS	133 PEACHTREE ST., N.E.	3.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	T	☒ Change ☐ Addition
NAME	CRANFORD, SHIRLEY G.	4.2 NAME	Cranford, Shirley G.	
STREET ADDRESS	5600 GLENRIDGE DRIVE, SUITE 370	4.3 STREET ADDRESS	1125 Northmeadow Pkwy, Suite 120	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	Roswell, GA 30076	
TITLE		5.1 TITLE	V	☐ Change ☒ Addition
NAME		5.2 NAME	James Moral	
STREET ADDRESS		5.3 STREET ADDRESS	1125 Northmeadow Pkwy, Suite 120	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Roswell, GA 30076	
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: Richard A. Sides, Pres 1/20/95 404-663-4635
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

000004 FP