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 MAR 21 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39848** **(7)**

1. Corporation Name
SHAMROCK COMPUTER RESOURCES, LTD. CORPORATION

Principal Place of Business	Mailing Address
5030 80TH AVENUE, SUITE 20 MOLINE IL 61265	5030 80TH AVENUE, SUITE 20 MOLINE IL 61265

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/29/1992
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

4. FEI Number: 42-1337270 ☐ 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 SOUTH 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP	1.1 TITLE	☐ Change ☐ Addition
NAME	FLAHERTY, JAMES J.	1.2 NAME	
STREET ADDRESS	2700 32ND AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COURT ROCK ISLAND IL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	GUILFOIL, TIMOTHY J.	2.2 NAME	
STREET ADDRESS	9136 PRESERVE BOULEVARDE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEN PRAIRIE MN	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	☐ Change ☐ Addition
NAME	KRISHNAN, SANTOSH S.	3.2 NAME	
STREET ADDRESS	1999 JEFFERSON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MN	3.4 CITY-ST-ZIP	
TITLE	DVP	4.1 TITLE	☐ Change ☐ Addition
NAME	PONUSSWAMY, RAJ	4.2 NAME	
STREET ADDRESS	2407 WEST CREST COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	BETTENDORF IA	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	PETERSON, DON C.	5.2 NAME	
STREET ADDRESS	5958 CROW VALLEY PARK DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT IA	5.4 CITY-ST-ZIP	
TITLE	DVP	6.1 TITLE	☐ Change ☐ Addition
NAME	FLAHERTY, PATRICK J.	6.2 NAME	
STREET ADDRESS	3526 WELSHIRE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BETTENDORF IA	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: - Timothy J. Guilfoil 3/15/95 612-887-3164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477663 FP