

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 23 PM 1:30

DOCUMENT # P40576 (1)

1. Corporation Name
TRANSOFT SERVICES, INC.

Principal Place of Business Mailing Address
**600 PINNACLE CT.
SUITE 655
NORCROSS GA 30071
US** **600 PINNACLE CT.
SUITE 655
NORCROSS GA 30071
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
09/21/1992 **06/28/1994**

4. FEI Number Applied For
58-2010890 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.022, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 25. County 28. Zip 29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

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

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: **CD**
NAME: **GAINER, EDWARD J.**
STREET ADDRESS: **600 PINNACLE COURT**
CITY - ST - ZIP: **NORCROSS GA**

11 TITLE: Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE: **PD**
NAME: **DRAKE, BILL D.**
STREET ADDRESS: **600 PINNACLE COURT**
CITY - ST - ZIP: **NORCROSS GA**

21 TITLE: Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE: **ST**
NAME: **GAINER, MARGARET E.**
STREET ADDRESS: **600 PINNACLE COURT**
CITY - ST - ZIP: **NORCROSS GA**

31 TITLE: Change Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE: **VD**
NAME: **SATING, DENNIS M.**
STREET ADDRESS: **600 PINNACLE COURT**
CITY - ST - ZIP: **NORCROSS GA**

41 TITLE: Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

51 TITLE: Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE: NAME: STREET ADDRESS: CITY - ST - ZIP:

61 TITLE: Change Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(3)(b), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-18-95 **404 446 3211**
Date (typed or printed name)