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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:36

DOCUMENT # P92000010464 (5)

1. Corporation Name

NATIONAL BILLING SERVICES, INC.

Principal Place of Business	Mailing Address
111 VILLAGE PARKWAY BUILDING 2, SUITE 101 MARIETTA GA 30067	111 VILLAGE PARKWAY BUILDING 2, SUITE 101 MARIETTA GA 30067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/09/1992
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 72671	26 P.O. Box 72671
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23 Marietta, GA 30007-2671	City & State 28 Marietta, GA 30007-2671
Zip 24 30007-2671 Country 25 USA	Zip 29 30007-2671 Country 30 USA

4. FEI Number: 58-2035348 ☐ 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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name: Rasch, Robert W.
02 Street Address (P.O. Box Number is Not Acceptable): 111 North Orange Avenue
03 Suite 900
04 City: Orlando, FL 05 Zip Code: 32801

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] 3/14/95 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	D ☒ Change ☐ Addition
NAME	MORRELL, DAVID	1 2 NAME	Morrell, David
STREET ADDRESS	111 VILLAGE PARKWAY BLDG 2, SUITE 101	1 3 STREET ADDRESS	4140 Thunderbird Drive
CITY ST ZIP	MARIETTA GA 30067	1 4 CITY ST ZIP	Marietta, GA 30067
TITLE		2 1 TITLE	☐ Change ☐ Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY ST ZIP		2 4 CITY ST ZIP	
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		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)(k), 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 3/24/95 Date 404 579-2222 Daytime Phone #