

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000015184 (4)**

1. Corporation Name  
**VERTIQUE, INC.**



Principal Place of Business <b>890 NANDINO BLVD. LEXINGTON KY 40511 US</b>	Mailing Address <b>890 NANDINO BLVD. LEXINGTON KY 40511-1205 US</b>
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3. Date Incorporated or Qualified <b>01/01/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business <b>21 115 Vista Blvd.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 115 Vista Blvd.</b> Suite, Apt. #, etc.
22 City & State <b>23 Arden, North Carolina</b>	27 City & State <b>28 Arden, North Carolina</b>
24 Zip <b>28704</b>	25 Country <b>USA</b>
29 Zip <b>28704</b>	30 Country <b>USA</b>

4. FEI Number <b>65-0393141</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>PPAFFENBERGER, W. J 631 US HWY. ONE STE. 410 N. PALM BCH. FL 33408</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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	
TITLE	<b>PSD</b> <input type="checkbox"/> DELETE
NAME	<b>STINGEL, FREDERICK J JR</b>
STREET ADDRESS	<b>890 NANDINO BLVD.</b>
CITY-ST-ZIP	<b>LEXINGTON KY</b>
TITLE	<b>S/T</b> <input type="checkbox"/> DELETE
NAME	<b>Janet Stingel</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>8 Cedar Chine</b>
1.4 CITY-ST-ZIP	<b>Asheville, North Carolina 28803</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>S/T</b>
2.3 STREET ADDRESS	<b>Janet Stingel</b>
2.4 CITY-ST-ZIP	<b>8 Cedar Chine</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>John Stingel</b>
3.3 STREET ADDRESS	<b>14 Bent Oak Lane</b>
3.4 CITY-ST-ZIP	<b>Asheville, North Carolina 28803</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>VP</b>
4.3 STREET ADDRESS	<b>Jeff Stingel</b>
4.4 CITY-ST-ZIP	<b>115 Vista Blvd.</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Janet Stingel* **4/21/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)