

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P93000020696 (9)  
1. Corporation Name  
OPEN SYSTEMS INTEGRATION, INC.

FILED

98 OCT 26 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4905 W. LAUREL STREET SUITE 200 TAMPA FL 33607 US		Mailing Address 4905 W LAUREL STREET SUITE 200 TAMPA FL 33607 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	

3. Date Incorporated or Qualified 03/18/1993	
4. FEI Number 59-3174248	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<del>ACKERLY, LARRY</del> <del>4905 W LAUREL ST</del> <del>SUITE 200</del> <del>TAMPA FL 33607</del>		81 Name MAILVAN, B M 82 Street Address (P.O. Box Number is Not Acceptable) 4905 W. LAUREL ST STE 200 83 SUITE 200 84 City TAMPA FL 85 Zip Code 33607	

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 Ronald E. Miller President DATE 10/16/98  
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	P	1.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	BEHANIC, RONALD A	1.2 NAME	Chief Operating Officer
STREET ADDRESS	4905 W LAUREL STREET, STE 200	1.3 STREET ADDRESS	Fritchie, Charlotte B.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	5153 ISIA Key Blvd.
TITLE	VP	2.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	GERHART, BARBARA	2.2 NAME	Chief Financial Officer
STREET ADDRESS	4905 W LAUREL ST., STE 200	2.3 STREET ADDRESS	Brehmer, Patricia A.
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	3509 Bayshore Blvd. NE
TITLE	D	3.1 TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	MILLER, SHIELA	3.2 NAME	Chief Information Officer
STREET ADDRESS	4905 W LAUREL STREET, STE 200	3.3 STREET ADDRESS	Jantmann, Edwin
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	350 Mayfair Circle
TITLE	D	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	MILLER, RONALD L	4.2 NAME	
STREET ADDRESS	4905 W LAUREL ST, #200	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	
NAME	MILVAN, B M	5.2 NAME	
STREET ADDRESS	4905 W LAUREL ST, STE 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE	ST	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ACKERLY, LARRY	6.2 NAME	
STREET ADDRESS	4905 W LAUREL ST, STE 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Ronald E. Miller DATED 9/24/98 813-573-6047