

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020696

1. Entity Name

OPEN SYSTEMS INTEGRATION, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90118 030 ***158.75

Principal Place of Business 4905 W LAUREL STREET SUITE 200 TAMPA FL 33607 US	Mailing Address 4905 W LAUREL STREET SUITE 200 TAMPA FL 33607-3883 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3174248	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILVAIN, B M
 4905 W LAUREL ST
 SUITE 200
 TAMPA FL 33607

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	BEHANIC, RONALD A	
STREET ADDRESS	4905 W LAUREL STREET, STE 200	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GERHART, BARBARA	
STREET ADDRESS	4905 W LAUREL ST., STE 200	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, SHIELA	
STREET ADDRESS	4905 W LAUREL STREET, STE 200	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, RONALD L	
STREET ADDRESS	4905 W LAUREL ST, #200	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MILVAIN, B M	
STREET ADDRESS	4905 W LAUREL ST, STE 200	
CITY-ST-ZIP	TAMPA FL	
TITLE	COO	<input type="checkbox"/> Delete
NAME	FRITCHIE, CHARLOTTE B	
STREET ADDRESS	5153 ISLA KEY BLVD	
CITY-ST-ZIP	ST PETERSBURG FL 33715	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **4/24/00** **813-282-3303**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #