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

APPROVED AND FILED

95 APR 11 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000022642 (1)**

1. Corporation Name
N-ONE SERVICES, INC.

Principal Place of Business	Mailing Address
285 W CENTRAL PKWY SUITE 1719 ALTAMONTE SPRINGS FL 32714	285 W CENTRAL PKWY SUITE 1719 ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1993	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3172464	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business (21): Suite, Apt. #, etc (22): City & State (23): Zip (24): County (25)

2a. Mailing Address (26): Suite, Apt. #, etc (27): City & State (28): Zip (29): County (30)

9. Name and Address of Current Registered Agent

NASSIF, CHARLENE B
285 W CENTRAL PKWY
SUITE 1719
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name: McIntyre, Melissa
82 Street Address (P.O. Box Number is Not Acceptable): 285 W. Central Parkway
83: Suite 1719
84 City: Altamonte Springs FL 85 Zip Code: 32714

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: x Melissa McIntyre (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) x 3/31/95 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	11 TITLE	☐ Change ☐ Addition	
NAME	~~NASSIF, CHARLENE B~~	12 NAME		
STREET ADDRESS	~~285 W CENTRAL PKWY #1719~~	13 STREET ADDRESS		
CITY ST ZIP	~~ALTAMONTE SPRINGS FL 32714~~	14 CITY ST ZIP		
TITLE	Chairman and CEO/Director	21 TITLE	☐ Change ☒ Addition	
NAME	Bindley, William E.	22 NAME		
STREET ADDRESS	10333 N. Meridian St., Ste 300	23 STREET ADDRESS		
CITY ST ZIP	Indianapolis, IN 46290	24 CITY ST ZIP		
TITLE	Exec. VP. Gen'l Counsel, Sec'y/Dir	31 TITLE	☐ Change ☒ Addition	
NAME	McCormick, Michael D.	32 NAME		
STREET ADDRESS	10333 N. Meridian St., Ste 300	33 STREET ADDRESS		
CITY ST ZIP	Indianapolis, IN 46290	34 CITY ST ZIP		
TITLE	Exec. VP/ CFO/Director	41 TITLE	☐ Change ☒ Addition	
NAME	Salentine, Thomas J.	42 NAME		
STREET ADDRESS	10333 N. Meridian St., Ste. 300	43 STREET ADDRESS		
CITY ST ZIP	Indianapolis, IN 46290	44 CITY ST ZIP		
TITLE	President and COO	51 TITLE	☐ Change ☒ Addition	
NAME	McIntyre, Melissa	52 NAME		
STREET ADDRESS	285 W. Central Parkway, Ste. 1719	53 STREET ADDRESS		
CITY ST ZIP	Altamonte Springs, FL 32714	54 CITY ST ZIP		
TITLE	Executive VP-Sales	61 TITLE	☐ Change ☒ Addition	
NAME	Woodard, William	62 NAME		
STREET ADDRESS	285 W. Central Pkwy., Ste. 1719	63 STREET ADDRESS		
CITY ST ZIP	Altamonte Springs, FL 32714	64 CITY ST ZIP		4/13

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)(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: William Woodard — March 28, 1995 (317) 298-9890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William Woodard

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