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 13 AM 11:52

DOCUMENT # P93000063452 (5)

1. Corporation Name
INTERGRATED PERIPHERAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
10387 GANDY BLVD. SUITE 101 ST. PETERSBURG FL 33716	10387 GANDY BLVD. SUITE 101 ST. PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/03/1993
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business	2a. Mailing Address
21 701 MEADOWS CIRCLE	26 701 MEADOWS CIRCLE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 LAKE WORTH, FL.	City & State 28 LAKE WORTH, FL.
Zip / Country 24 33462 / 25 U.S.A.	Zip / Country 29 33462 / 30 U.S.A.

4. FEI Number: 59-3219059 ☐ 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	10. Name and Address of New Registered Agent
TINSLEY, STEVEN R 1005 EMMET STREET KISSIMMEE FL 34741	01 Name: TINSLEY, STEVEN R 02 Street Address (P.O. Box Number is Not Acceptable): 03 1590 FRANCIS ST. 04 City: KISSIMMEE FL 05 Zip Code: 34741

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 _____ DATE
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BARBER, ANDREW A. S	1.2 NAME	
STREET ADDRESS	10387 GANDY BLVD. SUITE 101	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33716	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BARBER, ANDREW A.S.	2.2 NAME	
STREET ADDRESS	701 MEADOWS CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL. 33462	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)(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: ANDREW S. BARBER 3/3/95 (407) 966-9732
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0310603 CP