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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000067113 (8)

TEMPERED SYSTEMS, INC.

| Principa! | Place of | Business |
|-----------|----------|----------|

Mailing Address

FILED Apr 22 1997 8:00am Secretary of State



| 342 RIO VISTA TAMPA FL 3360 | | 342 RIO VISTA COURT TAMPA FL 33604-6941 | | | | · | | | | | |
|--------------------------------|---|---|---|-------------------|--|---|---|-----------------|---------|---|--|
| | | | | | 3. Date Incorporated or Qualified 09/09/1994 | 3a. Date of Last Report 05/01/1996 | | | | | |
| | ace of Business | 2a. Mailing Address | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 4. FEI Number | | Ţ | _ | pli ed For | |
| 21 | | [26] | | | | 59-3267764 | | | | t Applicable | |
| Suite, Apt # | r, etc. | <u>├─</u> ┐ | Suite, Apt. #, etc. 27 City & State 28 | | | 5. Certificate of Status Liceted | | | | ⁷ 5 Additional e Required | |
| City & State | | City & State | | | | Election Campaign Financing Trust Fund Contribution | ng \$5.00 May Be | | | | |
| Zip 24 | Country 25 | <i>Z</i> ip 29 | Coun | itry | : " | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | | | |
| | 9. Name and Address of Curre | ent Registered Agent | | | | 10. Name and Address of New Re | gistered A | gent | | | |
| | er, corinne j | | [1 | B1 | Name | | | | | | |
| _ | RIO VISTA COURT PA FL 33604-6941 | | <u></u> | | Street Add | Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | ·] | 83 | | | | | | | |
| | | | Į į | 84 | City | · · · · · · · · · · · · · · · · · · · | FL | 85 | Zip (| ode | |
| office or re agent. I an | o the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the obli | i02 and 607.1508, Florida State of Florida. Such change was gations of, Section 607.0505, | itutes, the abo as authorized Florida Statu | ove by ites | the corpora | poration submits this statement for the p tion's board of directors. I hereby accep | urpose of of the appo | chang pintme | ing its | registered registered | |
| SIGNATURE | Signature, typed or ponted name of registered a | pent and title d applicable (4 | NOTE: Registered | Agei | ni signature requi | ired when reinstating) | DATE | | | | |
| 12. | OFFICERS AF | ND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFIC | | | | S IN 12 | |
| TITLE | 0 | ☐ DELETE | 1.1 TITE | LE | | | | Ch | ange | Addition | |
| NAME | TOLER, CORINNE J | | 1.2 NAN | ME | | | | | | | |
| STREET ADDRESS | 342 RIO VISTA COURT | | 1 | | ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | TAMPA FL 33604-6941 | DELETE | 1.4 CrT1 2.1 Tite | | T- ZIP | | | Cha | 2000 | Addition | |
| NAME | TOLER, JAMES P JR. | otten | 2.7 THE | | 1 | | ' | | ango | | |
| STREET ADDRESS | 342 RIO VISTA COURT | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | TAMPA FL 33604-6941 | | 2. 4 CIT | | 1 | | | | | | |
| TITUE | | DELETE | 3.1 TITL | ***** | | | *************************************** | Ch | ange | Addition | |
| NAME | | | 3.2 NAM | ME | | | | | | | |
| STHEET ADDRESS | | | 3.3 STR | IEET | ADDRESS | | | | | | |
| City - St - ZiP | | | 3.4. CIT | [Y-5 | ST- ZIP | | , ,, | | | | |
| TITLE | | ☐ DELETE | 4.1 TITU | LE. | | | | ☐ Ch | ange | Addition | |
| NAME | | | 4. 2 NA | | } | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | |
| CITY - ST - ZIP | | DELETE | 4.4 CIT | | T-ZiP | | | ☐ Ch | 2000 | Addition | |
| TITLE | | F-1 OFFER | 5.1 THT | | ļ | | | الى لىـا | a iyt | Municipi | |
| NAME PROFEED ADDRESS C | | | 5.2 NAI | | Annoree | | | | | | |
| STREET ADDRESS | | | 4 | | ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 CiT | | 1-217 | | | Ch | ange | Addition | |
| NAME | | La veteri | 62 NAI | | | 3 | | | - 4" | - 100000 | |
| STREET ADDRESS | | | | | ADDRESS | . • | | | | | |
| CITY-SI-JIP | | | 6.3 STR | | | | | | | | |

I do hereby certify that the information supplied with this filling 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 arm 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 filling 1.3 of Florida Statutes.

SIGNATURE:

IN DU MUNICIPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/11/97 8/3-238-840/