FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000055237 (8) **DOCUMENT #** Corporation Name GROUP BILLING SERVICES, INC. Principal Place of Business Maling Address 1441 LYNDALE BLVD. 1441 LYNDALE BLVD. MAITLAND FL 32751 MAITLAND FL 32751 3. Date Incorporated or Qualified 3a. Date of Last Report 07/17/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59.3337267 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes XNo Zip Country Country Zισ 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WILLIAMS, CATHERINE 82 Street Address (P.O. Box Number is Not Acceptable) 1441 LYNDALE BLVD. MAITLAND FL 32751 83 City 85 Zip Code 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 conjunation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE of none has a most and the change land ibi Ter Bisondered Ajekt sajoatine requien OA1E ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1 1 1 ITLE WILLIAMS, CATHERINE 1.2 NAME NAME 1441 LYNDALE BLVD. STREET ADDRESS 1.3 STREET ADDRESS MAITLAND FL 32751 CITY-ST-ZIP 1.4 GI*Y - S* - ZiP DELETE ☐ Change ☐ Addition TITLE 2 1 HILE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 24 CiTY - ST - ZIP CITY - ST - ZIP DELFTE Change ☐ Addition TITLE 3 1 THILE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - S1 - ZIP 3.4 CHY ST-ZIP DELETE 4 1 III, £ Change ☐ Addition TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP 4.4 CiTY - \$1 - 2)P DELETE Change Addit on TITLE 5 11016 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - \$1 - ZIF CHY-ST-ZE DELETE Change Addition TITLE 6 1 TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 City - \$1 - 716

SIGNATURE:

14. I do hereby certify that the information supplied with it is filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 13 if changed or on an affactment with an address

CR2E034 (12/95)