

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 15 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000070978 (8)**  
 1. Corporation Name  
**CORE DATA CORPORATION**



Principal Place of Business 100 TECHNOLOGY PARK 160 LAKE MARY FL 32746 US	Mailing Address 100 TECHNOLOGY PARK 160 LAKE MARY FL 32746 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/14/1995</b>	
21	26	4. FEI Number <b>59-3344807</b>		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24. Zip		29. Zip		30. Country	
25. Country		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>GERRITY, JF</b> 100 TECHNOLOGY PARK 160 LAKE MARY FL 32746				10. Name and Address of New Registered Agent			
				81 Name	<b>R. NEILL JOHNSTON</b>		
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>917 VANGI LANE</b>		
				83			
				84 City	<b>PALM BAY</b>	85 State	<b>FL</b>
						86 Zip Code	<b>32905</b>

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: *R. Neill Johnston* **R. NEILL JOHNSTON** DATE: **1/5/98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WILKINS, JOHN P</b>			1.2 NAME			
STREET ADDRESS	<b>6625 QUAIL VALLEY ROAD</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>			1.4 CITY-ST-ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JOHNSTON, R. NEILL</b>			2.2 NAME			
STREET ADDRESS	<b>917 VANGI LANE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PALM BAY FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>CD</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HALBERT, S. RAY</b>			3.2 NAME			
STREET ADDRESS	<b>493 YOUNG STREET</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MELBOURNE FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FISHER, PETER</b>			4.2 NAME			
STREET ADDRESS	<b>4141 JUTLAND DRIVE #200</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SAN DIEGO CA</b>			4.4 CITY-ST-ZIP			
TITLE	<b>CFO</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GERRITY, JOSEPH F</b>			5.2 NAME			
STREET ADDRESS	<b>5475 US 1</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>GRANT FL</b>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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: *R. Neill Johnston* **REQUIRED** DATE: **1/5/98**

CR2E034 (10/97)