

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90153 028 \*\*\*150.00

DOCUMENT # **P95000070978**

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

JOHNSTON, R N  
917 VANGI LANE  
160  
PALM BAY FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/14/1995

4. FEI Number

59-3344807

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **WILKINS, JOHN P**  
CITY-ST-ZIP **6625 QUAIL VALLEY ROAD**  
**TALLAHASSEE FL 32308**

TITLE ☒ DELETE  
NAME **S**  
STREET ADDRESS **JOHNSTON, R. NEILL**  
CITY-ST-ZIP **917 VANGI LANE**  
**PALM BAY FL**

TITLE ☐ DELETE  
NAME **CD**  
STREET ADDRESS **HALBERT, S. RAY**  
CITY-ST-ZIP **493 YOUNG STREET**  
**MELBOURNE FL**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **FISHER, PETER**  
CITY-ST-ZIP **4141 JUTLAND DRIVE #200**  
**SAN DIEGO CA**

TITLE ☐ DELETE  
NAME **CFO / D**  
STREET ADDRESS **GERRITY, JOSEPH F**  
CITY-ST-ZIP **5475 US 1**  
**GRANT FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **DIRECTOR**  
6.3 STREET ADDRESS **PETER LEVIN**  
6.4 CITY-ST-ZIP **4141 JUTLAND DR #200**  
**SAN DIEGO, CA 92117**

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)