

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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90022 014 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P95000071724**

1. Corporation Name  
**VISIONARY SYSTEMS CONSULTING, INC.**



Principal Place of Business 329 SARTO AVE. CORAL GABLES FL 33134-7219	Mailing Address 329 SARTO AVE. CORAL GABLES FL 33134-7219
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>22236 Waterside Dr.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>22236 Waterside Dr.</b> Suite, Apt. #, etc.
23 <b>Boca Raton, FL</b> City & State 24 <b>33428</b> 25 <b>USA</b> Zip Country	27 <b>Boca Raton, FL</b> City & State 28 <b>33428</b> 29 <b>USA</b> Zip Country

3. Date Incorporated or Qualified <b>09/14/1995</b>	Applied For Not Applicable
4. FEI Number <b>65-0616398</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**LING, PAUL**  
**329 SARTO AVE.**  
**CORAL GABLES FL 33134-7219**

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 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 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 *Paul Ling* **Paul Ling, President** **1/14/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAUL LING</b>	1.2 NAME	
STREET ADDRESS	<b>329 SARTO AVE</b>	1.3 STREET ADDRESS	<b>22236 Waterside Dr.</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	1.4 CITY-ST-ZIP	<b>Boca Raton, FL, 33428</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAUL LING</b>	2.2 NAME	
STREET ADDRESS	<b>329 SARTO AVE</b>	2.3 STREET ADDRESS	<b>22236 Waterside Dr.</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33428</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEATHER LING</b>	3.2 NAME	
STREET ADDRESS	<b>329 SARTO AVE</b>	3.3 STREET ADDRESS	<b>22236 Waterside Dr.</b>
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	3.4 CITY-ST-ZIP	<b>Boca Raton, FL 33428</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Paul Ling* **PAUL LING** **1/14/99** **561-483-4182**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)