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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000067269 (6) DOCUMENT

TDS TECHNOLOGIES, INC.

Principal Place of Business Mailing Address 8003 LINCOLN DRIVE WEST 8003 LINCOLN DRIVE WEST SUITE A SUITE A MARLTON NJ 08053 MARLTON NJ 08053 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0698155 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zìp Country Country Zip 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes Yes 24 25 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent MATTEUCCI, ROBERT 81 Name 18249 S.E. CASSIA LANE Street Address (P.O. Box Number is Not Acceptable) TEQUESTA FL 33469 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE __ DELETE 1.1 TITLE Change Addition lc MATTEUCCI, ROBERT NAME 1.2 NAME 18249 S.E. CASSIA LANE STREET ADDRESS 1.3 STREET ADDRESS **TEQUESTA FL** CITY-ST-ZIP 1,4 CITY - ST - ZIP ___ DELETE Change TITLE 2.1 TITLE Addition MUZYKA, FRANCIS NAME 2.2 " NME 1307 SAGE LÜÜRÎ STREET ADORESS 2.3 STREET ADDRESS CHEASAPEAKE VA CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition HUGHES, JEFFREY S 3.2 NAME Grego, James 39 WICKLOW DR STREET ADDRESS 3.3 STREET ADDRESS 3209 Wood Duck Place TABERNACLE NJ CITY-ST-ZIP 3.4. CITY-ST-ZiP <u>Johns Island, SC 29455</u> TITLE ☐ DELETE 4.1 TELE Change **Addition** NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIF 4.4 CITY-ST-ZIP DELETE 5.1 TITLE ☐ Change Addition 5.2 NAME

6.4 CITY - ST- ZIP 14. I 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 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

609 810 9300

__ Change

Addition

FILED

Jan 26 1998 8:00am

Secretary of State