FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90254 019 \*\*\*150.00

## 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

## DOCUMENT # P96000084749

1. Corpora ion Name

QUAD SYSTEM TECHNOLOGIES, INC.

												<b>1</b>	
Principal Place of Business Mailing Address													- 4.5 /6
7200 NORTH: SERENOA DRIVE			7200 NORTH SERENOA DRIVE										
SARASOTA FL 34241			SARASOTA FL 34241					DO NOT WRITE IN THIS SPACE					
								3. Date i	r corporated or Qu	ualifed			
								10/1	4/1996				
2. Principa Pt	ace of Business	2a.	Mailing Address					4. FEI N				Ap	clied For
21		26	-					65-0	701408			No	t Applicable
Suite, Apt.	#, etc.	1	Suite, Apt. #, etc.					5 Cortifo	ate of Status Des	ired [			Additional
22			27					J. Ceruic			- 		ecuired
City & State			City & State					I	on Campaign Fina	- 1	1		May Be
23			28					Trust F und Contribution Added to Fees					
Zip	Cour try	Zip Cour			,			Ł.	3. This corporation owes the current year intangible				
24	25	29	1-4						Persor at Property Tax. Yes No  10. Name and Address of New Registers d Agent				
	9. Name and Address of Current	Regis	tered Agent		31	Nar		10. Name	and Address of	New Keg	istert o /	Agent	
MCC	AUGHEY, GLENN R				''	1491	ile						
7200 NORTH SERENOA DRIVE						Stre	et Arld	ess (P.O. Bo) Number is Not Acceptable)					
SARASOTA FL 34241													
J/110	100111111111111111111111111111111111111				33								
				[7	34	City			-		FL	85 Zip	Code
	to the provisions of Sections 607.0502	and G	07 1509 Elorida Statu	es the ab	246	. nam	ed com	noration subm	its this statement	for the pur		changing its	registered
office or re	egistered agent or both in the State (c	f Floric	ia. Such change was a	iuthorized i	วง เ	tne c	orporati	ion's board of	directors. I hereb	y accept th	ie appoir	ntment as re	gistered
agent. I a	m familiar with, and accept the obligat	ons of,	Section 607.0505, Fla	rida Statut	es.								
SIGNATUF:E		1.41.	4.015	D-mistaged A	nont.	t sussai	ro coo sire	ed when reinstating			DATE		
12.	Signature, typed or printed no me of registered agen.  OFFICERS ANI			13.	yem	Signat	are red are		ONS/CHANGES			D DIRECTO	ORS IN 12
TITLE	PS		☐ DELETE	1.1 TITL								Change	☐ Addition
NAME	MCCAUGHEY, GLENN R	EY, GLENN R			1.2 NAME								
STREET ADDRESS	TOOK MODTH CEDENCY DOWN			1.3 STR	EET	ADDRI	ss						
CITY-ST-ZIP	SARASOTA FL 34241			1.4 CITY									
TITLE	T				2.1 TITLE							Change	Addition
NAME	MCCAUGHEY, LUCILLE RICCA			2 2 NAM	22 NAME								1
STREET ADDRESS	7200 NORTH SERENOA DRIVE			2.3 STR		ADDR	ss						!
CITY-ST-ZIP	SARASOTA FL 34241			2. 4 CIT									
TITLE	0.44.100.11.12.0.12.11		☐ DELETE	3.1 TITL			$\top$					Change	Addition
NAME				3.2 NAM	ΙE								
STREET ADDRESS				3.3 STR	EET	ADDRI	:ss						ı
CITY-ST-ZIP				3.4. CIT	Y∙S1	T-ZIP							
TITLE			☐ DELETE	4.1 TITL								Change	☐ Addition
NAME				4. 2 NA	Æ								
STREET ADDR :SS				4.3 STR	EET	ADDR	SS						
CITY-ST-ZIP				4.4 CIT									
TITLE			☐ DELETE	5.1 TITL			Τ-					☐ Change	Addition
NAME				5 2 NAM	ΙE								
STREET ADDR ESS				5 3 STR	EET	ADDR	SS						
CITY-ST-ZIP				5.4 CIT	/-ST	T-ZIP							
TITLE		-	☐ DELETE	6.1 TITL	E							☐ Change	Addition
NAME				6.2 NAA	ŧΕ								
				6.3 STR	EET	ADDR	ss						- 1

14. I here by 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 supplierental 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 of the corporation of the corporation of the receiver or finished empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if change 1 or an attachment with an address, with all other like empowered

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP