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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000036927 (6)

ATT/PS INFORMATICA INC.

Principal Place of Business Mailing Address 3200 COMMONWEALTH BLVD. 3200 COMMONWEALTH BLVD. TALLAHASSEE FL 32303 TALLAHASSEE FL 32303

FILED Mar 17 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/24/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For *59-348*1 955 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. □ No 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BRITO, ALVARO C 3200 COMMONWEALTH BLVD. 62 Street Address (P.O. Box Number is Not Acceptable) TALLAAHSSEE FL 32303 83 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 a for accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE CR2E034 (10/97 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. __ DELETE Change Addition TITLE 1.1 TITLE MESSIAS, PERIS R NAME 1.2 NAME 3200 COMMONWEALTH BLVD. STREET ADDRESS 1.3 STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP 1.4 CITY-ST-ZIP CEO DELETE Change Addition TITLE 2.1 TITLE BRITO, ALVARO C NAME 2.2 NAME 3200 COMMONWEALTH BLVD. STREET ADDRESS 2.3 STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITL€ NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-2IP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP

14. Thereby 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 furstee 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:

MMCH 12 1998 850-5750179