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

DOCUMENT # 1. Corporation Name

P97000108834 (7)

HSC INTERNATIONAL, INC.

FILED
May 19 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address) - 17811 WB1W1 (81W) (81 0) (rieri Viv i (SV I
10245 CENTURION PKWY N. 10245 CENTURION PKWY N.						1		
JA	ACKSONVILLE FL 32256-0565	JACKSONVILLE FL 322	JACKSONVILLE FL 32256-0565			DO NOT WRITE IN THIS SPACE		
						3. Date incorporated or Qualified	IT III OFACE	
						12/30/1997		
2. F	Principal Place of Business	2a. Mailing Address				4. FEI Number	IXIA	pplied For
21		26	26				N	ot Applicable
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.75	Additional
22		27				5. Commodite of Status Desired	Fee R	tequired
_	City & State	h	City & State			6. Election Campaign Financing		May Be
23	Zip Country	Country Zip C				Trust Fund Contribution		to Fees
	·	} 	Coun	ıry		8. This corporation owes or has paid		itangible □ No
24	25 25 Name and Address of C	29 Current Registered Agent	30			Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent		
	CLAYTON, THOMAS M			1 N	ame	10.		
	10245 CENTURION PKWY N.		١.	•		(0.0.6.4)	,	
	JACKSONVILLE FL 32256-056	5	'	2 S	ireet Addres	ss (P.O. Box Number is Not Acceptable))	
		•	Te	3				
				4_				
			l.	4 C	ity		FL 85 Zip	Code
Pursuant to the provisions of Sections 607.0502 and 607.0508, 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 priviled on the dispect and titled applicable. (NOTI: Registered Agent signature required when reinstatung). DATE								
12.	Signature: typed or printed name of regists	RS AND DIRECTORS	OIL Registered	lia Inoga	gnature required		DATE DIDECTOR	DO IN 40
TITLE		DELETE	1.1 TITL		Tou	ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME	OLANGON THOUSAND		1.2 NAM		-	, 2020	E-3 Change	
	ET ADDRESS 10245 CENTURION PKV	VY N.	1.3 STR	_	BESS			
	ST-ZIP JACKSONVILLE FL 322		1.4 CITY		ŀ			
TITLE		DELETE	2.1 TITL	-		sident	☐ Change	⊠ Addition
NAME						and Fyfe		
STREE	et address		2.3 STREET ADDRESS		l l	245 Centurion PV	my H.	
CITY-	-ST-ZIP		2. 4 CITY - ST - ZIP		صل ۱	econvelle, Fe	32254	
TITLE		DELETE	3.1 TITLE		VP		☐ Change	✓ Addition
NAME	:		3.2 NAM	E	G	uz Colson.		
STREE	ET ADORESS		33 STREET ADDRESS 1		RESS 102	uz Colson. 245 Centurion Pku	uyN.	
CITY-	ST-ZIP		3.4. CIT	- ST - Z)	P	acronville, FC	_ 32254	·
TITLE		☐ DELETE	4.1 TITL		7.7	Vasuria	Change	Addition
NAME	:		4 2 NAM	IE	143	menael cowery	_	
STREE	ET ADORESS		4.3 STRI	ET ADDI	RESS 107	245 Centuroll	PKWY N.	
CITY-	ST-ZIP		4.4 CiTY	- ST - Z)F	٠ حد	repromules. Fr	- 3225	م ا
TITLE	_	DELETE	5.1 TITL			•	Change	Addition
NAME			5.2 NAM	E				
STREE	ET ADDRESS		5.3 STR	et addi	RESS			
	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	5.4 CITY	-ST-ZIF	,			
TITLE		☐ DELETE	6.1 TITU				Change	Addition
NAME			6.2 NAM	Ē				
STREE	ET ADDRESS		6.3 STR	ET ADDI	ress			
CITY-	ST-ZIP		6.4 CITY	- ST- ZIF	<u> </u>		*0.1	

4. 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 trusted 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.