

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000007486

FILED
Apr 16, 2004
Secretary of State

Entity Name: APTIC NATIONAL TAX SERVICE COMPANY

Current Principal Place of Business:

493 E SEMORAN BLVD
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

493 E SEMORAN BLVD
CASSELBERRY, FL 32707

New Mailing Address:

17911 VON KARMAN AVE., SUITE 300
IRVINE, CA 92614

FEI Number: 59-3489944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DANIELS, G.P.
493 E SEMORAN BLVD
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SCOT FERRARO, ASST. SECRETARY

04/16/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LASSITER, ROY W
Address: 493 E SEMORAN BLVD
City-St-Zip: CASSELBERRY, FL 32707

Title: VSD () Delete
Name: DANIELS, GEORGE P
Address: 493 E SEMORAN BLVD
City-St-Zip: CASSELBERRY, FL 32707

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DCEO (X) Change () Addition
Name: QUIRK, RAYMOND R
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: SVPS (X) Change () Addition
Name: JOHNSON, TODD C
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: DCFO () Change (X) Addition
Name: STINSON, ALAN L
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: VPT () Change (X) Addition
Name: FARENGA, PATRICK G
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

Title: D () Change (X) Addition
Name: WILLEY, FRANK P
Address: 601 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32204 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD C. JOHNSON (MMB)

SVPS

04/16/2004

Electronic Signature of Signing Officer or Director

Date