


**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90130 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000075717**

1. Corporation Name  
**CRIMINAL JUSTICE INFORMATION SOLUTIONS, INC.**

Principal Place of Business 2012 WALDEN RD. TALLAHASSEE FL 32311	Mailing Address 2012 WALDEN RD. TALLAHASSEE FL 32311
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/31/1998	4. FEI Number 59-3529749	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26 Suite, Apt. #, etc.	27 City & State
28	29	30	31	32	33	34

9. Name and Address of Current Registered Agent <b>DOYLE, PATRICK J</b> 2012 WALDEN RD. TALLAHASSEE FL 32311				10. Name and Address of New Registered Agent			
81	Name			82	Street Address (P.O. Box Number is Not Acceptable)		
83				84	City	FL	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT/CEO	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PATRICK J. DOYLE			1.2 NAME			
STREET ADDRESS	2012 WALDEN RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32311			1.4 CITY-ST-ZIP			
TITLE	EXEC. VP. / COO	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTY BOBER			2.2 NAME			
STREET ADDRESS	1350 MAJOR HOUSE DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE, FL 32312			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 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, with all other like empowered.

SIGNATURE: Patrick J. Doyle **PATRICK J. DOYLE** 2/15/99 850 656-1481  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/199)