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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S03811 (4)

1. Corporation Name
CDC SYSTEMS, INC.

Principal Place of Business	Mailing Address
1601 N PALM AVE SUITE 214 PEMBROKE PINES FL 33026-3242	1601 N PALM AVE SUITE 214 PEMBROKE PINES FL 33026-3242

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/02/1990
3a. Date of Last Report: 10/28/1994

2. Principal Place of Business	2a. Mailing Address
21 4839 S.W. 148 AVE.	26 4839 S.W. 148 AVE.
22 Suite, Apt. #, etc. SUITE 529	27 Suite, Apt. #, etc. SUITE 529
23 City & State DAVIE FL	28 City & State DAVIE FL
24 Zip 33330 25 Country USA	29 Zip 33330 30 Country USA

4. FEI Number: 65-0221160 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WHITE, CHARLES L.
1601 N PALM AVE
SUITE 300
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name: WHITE, CHARLES L.
82 Street Address (P.O. Box Number is Not Acceptable): 4839 S.W. 148 AVE.
83: SUITE 529
84 City: DAVIE FL 85 Zip Code: 33330

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: Charles L. White, President — DATE: 3/20/95
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	D	1.1 TITLE	☑ Change ☐ Addition
NAME	WHITE, CHARLES L.	1.2 NAME	
STREET ADDRESS	1601 N PALM AVE #214	1.3 STREET ADDRESS	4839 S.W. 148 AVE. #529
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	DAVIE FL 33330
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Charles L. White, President CHARLES L. WHITE 3/20/95 305/433-1286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006500 CP