FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **V73371** **(9)**

1. Corporation Name

FIELD DATA SYSTEMS, INC.

Principal Place of Business	Mailing Address
2412 PARK CENTRAL BLVD. DECATUR GA 30035 US	2412 PARK CENTRAL BLVD. DECATUR GA 30035 US

2. Principal Place of Business
21 5351 Snapfinger Woods Dr
Suite, Apt. #, etc.
22
City & State
23 Decatur GA
Zip 24 30035 Country 25 ~~X~~ USA

2a. Mailing Address
26 5351 Snapfinger Woods Dr
Suite, Apt. #, etc.
27
City & State
28 Decatur GA
Zip 29 30035 Country 30 USA

3. Date Incorporated or Qualified: **10/22/1992**

3a. Date of Last Report: **02/16/1995**

4. FEI Number: **58-2018581** ☐ 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

MILLER, ALISON W.
2200 MUSEUM TOWER
150 W. FLAGLER ST.
MIAMI FL 33130

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 Section 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☑ Change ☐ Addition
NAME	FLECK, STEVEN W.		12 NAME		
STREET ADDRESS	4350 JIMMY CARTER BLVD., APT. 1007		13 STREET ADDRESS	4822 Cherring Drive	
CITY-ST-ZIP	NORCROSS GA		14 CITY-ST-ZIP	Dunwoody GA 30338	
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MENDEZ, YVONNE L.		22 NAME		
STREET ADDRESS	2 WEST WELSEY #8		23 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☑ Change ☐ Addition
NAME	MENDEZ, CHARLES E., JR.		32 NAME		
STREET ADDRESS	2412 PARK CENTRAL BLVD.		33 STREET ADDRESS	5353 Snapfinger Woods Drive	
CITY-ST-ZIP	DECATUR GA		34 CITY-ST-ZIP	Decatur GA 30335	
TITLE	D	☐ DELETE	41 TITLE		☑ Change ☐ Addition
NAME	RICHARDSON, TRACY		42 NAME		
STREET ADDRESS	2412 PARK CENTRAL BLVD.		43 STREET ADDRESS	5353 Snapfinger Woods Drive	
CITY-ST-ZIP	DECATUR GA		44 CITY-ST-ZIP	Decatur GA 30335	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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 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 added on an attachment with an address.

SIGNATURE: Steven W. Fleck 3-27-96 770-593-0042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #