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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V73371

(9)

FIELD DATA SYSTEMS, INC.

FILED Mar 19 1998 8:00am Secretary of State

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|--|

| Principal Plac  | of Business  | Mailing Address                  | Mailing Address                        |              |  |  |
|---|--|----------------------------------|--|--------------|--|--|
| \$351 BNAPF   | INGER WOODS DRIVE                                  | 5351 SNAPFINGER WOO              | D DRIVE                                |              |  |  |
| DECATUR G   |  | DECATUR GA 30035                 |  |              | DO NOT WOITE IN THIS OPACE   |  |
| US  |  | US                               | US                                     |              | DO NOT WRITE IN THIS SPACE   |  |
|   |  |                                  |  |              | 3. Date Incorporated or Qualified  |  |
|   |  |                                  | ······································ |              | 10/22/1992   |  |
|   | Place of Business                                  | } <sub>1</sub>                   | 2a. Mailing Address                    |              | 4. FEI Number Applied For  |  |
| 21  |  | 26                               |  |              | 58-2018581 Not Applicable  |  |
| Sulte, Apt. #, etc.   |  | Suite, Apt. #, etc.              | Suite, Apt. #, etc.                    |              | 6. Certificate of Status Desired   |  |
| E LIIV & SIRIA  |  | City & State                     |  |              | 6. Election Campaign Financing \$5.00 May Be   |  |
| 23  |  | 28                               |  |              | Trust Fund Contribution Added to Fees  |  |
| Zip   |  |                                  | Country                                |              | 8. This corporation owes or has paid the current year Intangible                     |  |
| 24  | 25   | 29                               | 30                                     |              | Personal Property Tax due June 30. Yes No  |  |
|   | 9. Name and Address of Current                     | Registered Agent                 |  |              | 10. Name and Address of New Registered Agent   |  |
| MI  | LLER, ALISON W.                                    |                                  | 81                                     | Name         | )  |  |
|   | 00 MUSEUM TOWER                                    |                                  | 82                                     | Street       | t Address (P.O. Box Number is Not Acceptable)  |  |
| 150 W. FLAGLER ST.  |  |                                  | 02                                     | 3000         | ן אינטייססס (ד.ט. בטג זינטיויטסיו זו זינט אינטפיףומטוט)                              |  |
|   | AMI FL 33130                                       |                                  | 83                                     | l            |  |  |
| 1   | THE 1 C 00 100                                     |                                  | <u> </u>                               |              |  |  |
| ]   |  |                                  | B4                                     | City         | FL 65 Zip Code   |  |
| 11. Pursuani  | to the provisions of Sections 607 0502             | and 607 1508. Florida Statul     | tes the abov                           | l<br>a-named |  |  |
| 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. |  |                                  |  |              |  |  |
| agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.   |  |                                  |  |              |  |  |
| SIGNATURE   | Signature, typed or printed name of regulared ager |                                  | Ic. Desistand &a                       |              | re required when reinstating) DATE   |  |
| 12.   | OFFICERS AND                                       |                                  | 13.                                    | энг магияты  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                    |  |
| TOLE  | D  | DELETE                           | 1.1 TITLE                              |              | Change Addition  |  |
| NAME  | FLECK, STEVEN W.                                   | <b>_</b>                         | 1.2 NAME                               |              |  |  |
| STREET ADDRESS  | 4822 CHERRING DRIVE                                |                                  | 1                                      | 1000000      |  |  |
| 1   | DUNWOODY GA  |                                  | 1.3 STREET                             |              |  |  |
| CITY-ST-ZIP   | 0  |                                  | 1.4 CITY-5                             | 1 - ZIP      | Change Addition  |  |
|   |  | DO NOT                           |  |              | Change Change  |  |
| NAME  | MENDEZ, YVONNE L.                                  | DEUTE                            | 2.2 NAME                               |              | 9  |  |
| STREET ADDRESS  | 2 WEST WELSEY #8                                   |                                  | 2.3 STREET                             |              | يخف بسي  |  |
| CITY-ST-ZIP   | ATLANTA GA   | Lineser                          | 2. 4 CITY -                            | ST-ZIP       |  |  |
| TITLE   | D  | DELETE                           | 3.1 TITLE                              |              | ☐ Change ☐ Addition  |  |
| NAME  | MENDEZ, CHARLES E., JR.                            |                                  | 3.2 NAME                               |              |  |  |
| STREET ADDRESS  | 5353 SNAPFINGER WOODS D                            | RIVE                             | 3.3 STREET                             | ADDRESS      | 1  |  |
| CITY-ST-ZIP   | DECATUR GA   |                                  | 3.4. CITY-                             | ST-ZIP       |  |  |
| TATLE   | D  | DELETE                           | 4.1 TITLE                              |              | Change Addition  |  |
| NAME  | RICHARDSON, TRACY                                  |                                  | 4. 2 NAME                              |              | ]  |  |
| STREET ADDRESS  | 5353 SNAPFINGER WOODS D                            | rive                             | 4,3 STREET                             | ADDRESS      | į  |  |
| CITY-ST-ZIP   | DECATUR GA 30035                                   |                                  | 4.4 CITY-5                             | T-ZIP        |  |  |
| TITLE   |  | ☐ DELETE                         | 5.1 TITLE                              |              | D, ASSISTANT SECRETORY Change Andition   |  |
| NAME  | 5.2  |                                  | 5.2 NAME                               |              | INADIES F. MENDEZ III  |  |
| STREET ADDRESS  |  |                                  | 5.3 STREET                             | ADDRESS      | 5253 SNAP FING DE MOODS OR   |  |
| CITY-ST-ZIP   | 1  |                                  | 5.4 CITY-5                             | T-ZIP        | CHARLES E. MENDEZ III<br>5253 SNAP FINC, EL MOODS OR<br>DECATUR, GEORGIA 30035       |  |
| TITLE   |  | DELETE                           | 6.1 TITLE                              |              | Change Addition  |  |
| NAME  |  |                                  | 6.2 NAME                               |              |  |  |
| STREET ADDRESS  |  |                                  | 63 STREET                              | ADDRESS      |  |  |
| CITY-ST-Z#P   | 1  |                                  | 6 4 CITY- 5                            |              |  |  |
|   | Certify that the information supplied will         | h this filipo doos not qualify f |  |              | ted in Section 119.07(3)(i) Florida Statutes. I further certify that the information |  |

Interest contry that the minimation supplied with this ping does the duality for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the minimation indicated on this annual report or supplied pinential innual reports into end 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 of lightly epipowered 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 order of the corporation of the receiver of lightly that the same land of the corporation of the receiver of lightly and the same statutes.

SIGNATURE:

770-5939454