

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0144269 AT

DOCUMENT # F00000005676
1. Entity Name
S2 SYSTEMS, INC.



FILED

03 NOV 17 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**TWO PRESTON PARK SOUTH
4965 PRESTON PARK BLVD. STE 800
PLANO TX 75093**

Mailing Address
**TWO PRESTON PARK SOUTH
4965 PRESTON PARK BLVD. STE 800
PLANO TX 75093**



2. Principal Place of Business
Two Preston Park South
Suite, Apt. #, etc.
4965 Preston Park Blvd, Ste 100
City & State
Plano, TX
Zip
75093
Country
USA

3. Mailing Address
Two Preston Park South
Suite, Apt. #, etc.
4965 Preston Park Blvd, Ste 100
City & State
Plano, TX
Zip
75093
Country
USA

REINSTATEMENT 83
CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

4. FEI Number **13-4048902**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Numbers Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Mark Holloway* **Mark Holloway, Asst Sec** 11/11/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, STEPHEN J 728 BENT TREE COURT COPPELL TX	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MINYARD, STEVEN 4965 PRESTON PARK BLVD STE 800 PLANO TX 75093	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AST LEAKE, ANN 3960 CAMINO DRIVE PLANO TX	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	200023806062 10/15/03--01023--026 **750.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP of Finance Patti J. Brown 4965 Preston Park Blvd, Ste 100 Plano, TX 75093	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Chief Admin Officer Jim W. Harrison 4965 Preston Park Blvd, Ste. 100 Plano, TX 75093	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SKIMMARE REPAIR BROWN* 10/7/03 972-599-5683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)