

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 4:10

DOCUMENT # **P17955** (6)

1. Corporation Name
COURTESY LEASING, INC.

Principal Place of Business: **5755 CARMICHAEL PARKWAY MONTGOMERY AL 36117**
Mailing Address: **5755 CARMICHAEL PARKWAY MONTGOMERY AL 36117**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/08/1988**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business: **4141 Wall Street**
2a. Mailing Address: **P. O. Box 4308**

4. FEI Number: **63-0545936**
Applied For: Not Applicable

21. Suite, Apt. #, etc.:
22. Suite, Apt. #, etc.:

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

23. City & State: **Montgomery, AL**
28. City & State: **Montgomery, AL**

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

24. Zip: **36106** Country:
25. Country:
29. Zip: **36103-4308** Country:

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature: Type or printed name of registered agent and the date thereon

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	PARKER, R. FRANKLIN	11 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	5755 CARMICHAEL PKWY	12 NAME:	4141 Wall St.
STREET ADDRESS:	MONTGOMERY AL	13 STREET ADDRESS:	Montgomery, AL 36106
CITY, ST, ZIP:		14 CITY, ST, ZIP:	
TITLE: STD	NOLAND, THOMAS F.	21 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	5755 CARMICHAEL PKWY	22 NAME:	4141 Wall St.
STREET ADDRESS:	MONTGOMERY AL	23 STREET ADDRESS:	Montgomery, AL 36106
CITY, ST, ZIP:		24 CITY, ST, ZIP:	
TITLE: D	PARKER, EVELYN R.	31 TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	5755 CARMICHAEL PKWY	32 NAME:	4141 Wall St.
STREET ADDRESS:	MONTGOMERY AL	33 STREET ADDRESS:	Montgomery, AL 36106
CITY, ST, ZIP:		34 CITY, ST, ZIP:	
TITLE:		41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		42 NAME:	
STREET ADDRESS:		43 STREET ADDRESS:	
CITY, ST, ZIP:		44 CITY, ST, ZIP:	
TITLE:		51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY, ST, ZIP:		54 CITY, ST, ZIP:	
TITLE:		61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		62 NAME:	
STREET ADDRESS:		63 STREET ADDRESS:	
CITY, ST, ZIP:		64 CITY, ST, ZIP:	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 appointed 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 as an attachment with an address.

SIGNATURE:

T. F. Noland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. F. Noland, Sec. -Treas
334-244-1000
Date: _____
Signature: _____

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 4:19

DOCUMENT # **P18546** (2)
1. Corporation Name
A.B.T.S. INTERNATIONAL CORP.

Principal Place of Business Mailing Address
BERLIN BUSINESS PARK **BERLIN BUSINESS PARK**
432 KELLY DR. **432 KELLY DR.**
BERLIN NJ 08009 **BERLIN NJ 08009**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/24/1988	3a. Date of Last Report 03/01/1994
21		26		4. FEI Number 22-2906215	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc. 22		Suite, Apt # etc. 27		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. The corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 1995 filing year) (Print) Registered Agent (signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALIA, DOMINIC A.	1.2 NAME	
STREET ADDRESS	BERLIN BUS.PK.432 KELLEY	1.3 STREET ADDRESS	
CITY, ST, ZIP	BERLIN NJ	1.4 CITY, ST, ZIP	
TITLE	AS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBB, BERTHA	2.2 NAME	
STREET ADDRESS	BERLIN BUS.PK.432 KELLY	2.3 STREET ADDRESS	
CITY, ST, ZIP	BERLIN NJ	2.4 CITY, ST, ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALIA, DOMINIC A	3.2 NAME	
STREET ADDRESS	BERLIN BUS.PK.432 KELLEY	3.3 STREET ADDRESS	
CITY, ST, ZIP	BERLIN NJ	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALIA, MICHAEL	4.2 NAME	
STREET ADDRESS	BERLIN BUS.PK.432 KELLEY	4.3 STREET ADDRESS	
CITY, ST, ZIP	BERLIN NJ	4.4 CITY, ST, ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINS, STUART A	5.2 NAME	
STREET ADDRESS	BERLIN BUS.PK.432 KELLEY	5.3 STREET ADDRESS	
CITY, ST, ZIP	BERLIN NJ	5.4 CITY, ST, ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 transmit this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Dominic A. Dalia* 3/24/95
DOMINIC A. DALIA, PRESIDENT

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 6: 09

DOCUMENT # P18684 (1)

1. Corporation Name
S.C.I. SERVICES GROUP, INC.

Principal Place of Business 2370 PLEASANT HILL ROAD (301178538) P.O. BOX 2099 CARROLLTON GA 30117-2099 US	Mailing Address 2370 PLEASANT HILL ROAD (301178538) P.O. BOX 2099 CARROLLTON GA 30117-2099 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 P.O. Box 2099 27 Suite, Apt. #, etc. 28 City & State 29 Zip Country 30
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/04/1988	3a. Date of Last Report 02/07/1994
4. FEI Number 58-1263056	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	SCHOENBERNER, ROBERT A.	11 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	80 EDGEWOOD DR.	12 NAME	
STREET ADDRESS	CARROLLTON GA	13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	30117
TITLE ST	CROWSON, P. S.	21 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	350 SUMMERLIN RD	22 NAME	
STREET ADDRESS	FRANKLIN GA	23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	30217
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *P.S. Crowson* **P.S. Crowson** Secretary **3/16/95** **404-834-3491**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 23 PM 3:56

DOCUMENT # **P19162 (7)**

1. Corporation Name

CLARIS CORPORATION

Principal Place of Business

Mailing Address

5201 PATRICK HENRY DR.
SANTA CLARA CA 95052-5168

5201 PATRICK HENRY DR.
SANTA CLARA CA 95052-5168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/06/1988** 3a. Date of Last Report **02/18/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number **68-0136717** 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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature (typed or printed name of registered agent) (S. 607.0505, Florida Statutes)

Signature (typed or printed name of registered agent) (S. 607.0505, Florida Statutes)

(Date)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	EILERS, DAN
STREET ADDRESS	1224 MIRAFLORES WAY
CITY - ST - ZIP	LOS ALTOS CA
TITLE	SV
NAME	GARVER, JEFFREY L
STREET ADDRESS	565 RICHMOND AVE
CITY - ST - ZIP	SAN JOSE CA
TITLE	TV
NAME	SELVI, ROBERT
STREET ADDRESS	1928 CAMPBELL AVE
CITY - ST - ZIP	SARATOGA CA
TITLE	VP
NAME	DYCKMAN, TERRY
STREET ADDRESS	5201 PATRICK HENRY DR OK
CITY - ST - ZIP	SANTA CLARA CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	VP
43 STREET ADDRESS	DYCKMAN, TERRY
44 CITY - ST - ZIP	5201 PATRICK HENRY DRIVE
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Robert D. Selvi 3/20/95 408 987-7479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone No.

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 28 PM 4:18

DOCUMENT # **P20303** (4)
1. Corporation Name
PRENTKE ROMICH COMPANY

Principal Place of Business Mailing Address
**1022 HEYL RD. 1022 HEYL RD.
WOOSTER OH 44691 WOOSTER OH 44691**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/01/1988** 3a. Date of Last Report **03/29/1994**

4. FEI Number **34-1174227** 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent
**VAN TATENHOVE, GAIL
8322 TANGELO TREE DRIVE
ORLANDO FL 32819**

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

Signature (typed or printed name of registered agent and his or her applicant)

(If 31E Registered Agent separate required when terminating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMICH, BARRY	1.2 NAME	
STREET ADDRESS	1560 BURBANK RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WOOSTER OH	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMICH, SHARON	2.2 NAME	
STREET ADDRESS	1560 BURBANK RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WOOSTER OH	2.4 CITY - ST - ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, JAN	3.2 NAME	
STREET ADDRESS	1265 OLD COLUMBUS RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	WOOSTER OH	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURBIN, JOSEPH	4.2 NAME	
STREET ADDRESS	600 BUCHHOLZ	4.3 STREET ADDRESS	
CITY - ST - ZIP	WOOSTER OH	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROEHL, MARGO	5.2 NAME	
STREET ADDRESS	105 W PINE	5.3 STREET ADDRESS	
CITY - ST - ZIP	WOOSTER OH	5.4 CITY - ST - ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(k), 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 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: *Jan Hughes* *Jan Hughes* 3-13-95 216-2162-1984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 5:36

DOCUMENT # P20539 (3)

1. Corporation Name
BAZAR MANUFACTURING CO.

Principal Place of Business 952 CRANSTON STREET CRANSTON RI 02920	Mailing Address 952 CRANSTON STREET CRANSTON RI 02920
-------------------------------------------------------------------------	-------------------------------------------------------------

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/18/1988	3a. Date of Last Report 03/22/1994
21	26	4. FEI Number 05-0201998		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Zip		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		30. Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROWN, STEVEN 3234 N.E. 12TH AVE. OAKLAND PARK FL 33334				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 _____
(Signature types in printed name of registered agent and the corporation. If a registered agent signature is required after filing, use _____)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, STEVEN	1.2 NAME	
STREET ADDRESS	3500 GALT OCEAN DR.A310	1.3 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	1.4 CITY, ST, ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MILDRED	2.2 NAME	
STREET ADDRESS	3500 GALT OCEAN DR.A310	2.3 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL	2.4 CITY, ST, ZIP	
TITLE		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		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		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		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 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(2)(b), 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 of this report, or as an attachment with an address.

SIGNATURE:  3/24/95 305-566-2310
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
---------------------------------------------	-----------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------

FILED
SECRETARY OF STATE
(DIVISION OF CORPORATIONS)

95 MAR 28 PM 6:08

DOCUMENT # P20749 (8)

1. Corporation Name
ARROWSMITH CORPORATION

Principal Place of Business	Mailing Address
23811 TELEGRAPH ROAD PO BOX 407 SOUTHFIELD MI 48037	23811 TELEGRAPH ROAD PO BOX 407 SOUTHFIELD MI 48037

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	09/02/1988	04/06/1994
Suite, Apt. #, etc	Suite, Apt. #, etc	4. FEI Number	Applied For
22	27	38-1906401	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input checked="" type="checkbox"/>	
Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GREENBURY, DONALD B. 15250 CANONGATE DR. FT. MYERS FL 33912		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 (If 2311 Registered Agent, signature required when mandating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBURY, DONALD B.	1.2 NAME	
STREET ADDRESS	15250 CANONGATE DR	1.3 STREET ADDRESS	
CITY- ST- ZIP	FT MYERS FL	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBURY, MARIELLEN	2.2 NAME	
STREET ADDRESS	15250 CANONGATE DR.	2.3 STREET ADDRESS	
CITY- ST- ZIP	FT MYERS FL	2.4 CITY- ST- ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBURY, DONNA	3.2 NAME	
STREET ADDRESS	23811 TELEGRAPH RD	3.3 STREET ADDRESS	
CITY- ST- ZIP	SOUTHFIELD MI	3.4 CITY- ST- ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, ALAN	4.2 NAME	
STREET ADDRESS	23811 TELEGRAPH ROAD	4.3 STREET ADDRESS	
CITY- ST- ZIP	SOUTHFIELD MI	4.4 CITY- ST- ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBURY, KAY	5.2 NAME	
STREET ADDRESS	23811 TELEGRAPH ROAD	5.3 STREET ADDRESS	
CITY- ST- ZIP	SOUTHFIELD MI	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, MICHAEL	6.2 NAME	
STREET ADDRESS	3000 TOWN CENTER S.1700	6.3 STREET ADDRESS	
CITY- ST- ZIP	SOUTHFIELD MI	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 Sections 110.07(3)(b), 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: Donald B. Greenbury 1-12-95 1-813 768-1658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Name Telephone Number

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 MAR 29 PM 4:09

DOCUMENT # **P21776** (0)

1. Corporation Name

FORWARD MANAGEMENT, INC.

Principal Place of Business

Mailing Address

110 SOUTH BROOKS ST.
MADISON WI 53715

110 SOUTH BROOKS ST.
MADISON WI 53715

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/16/1988

3a. Date of Last Report

03/29/1994

2. Principal Place of Business

2b. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

Country

29

Country

4. FEI Number

39-1620297

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

10. Name and Address of New Registered Agent

WEAVER, KATHY
4325 40TH STREET WEST
BRADENTON FL 34205

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

(Signature typed or printed name of registered agent and title if applicable)

(Signature typed or printed name of registered agent and title if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	FARR, THOMAS G.
STREET ADDRESS	5805 MIMOSA PL.
CITY - ST - ZIP	ALBUQUERQUE NM
TITLE	VS
NAME	SCHMIDT, DAN R.
STREET ADDRESS	7730 MAAS DR.
CITY - ST - ZIP	VERONA WI
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1. TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	FARR, THOMAS G.	
3. STREET ADDRESS	5 SANDHILL CRAWF CIRCLE	
4. CITY - ST - ZIP	PLACITAS, NM 87045	
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY - ST - ZIP		
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY - ST - ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY - ST - ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY - ST - ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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 110.07(3)(b), Florida Statutes. I further certify that the information included 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: *[Signature]* Dan R. Schmidt Jr. 1-11-95 608 255-3517

(Signature typed or printed name of signing officer or director) (Date) (Signature typed or printed name of signing officer or director)

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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra G. Norman
Secretary of State
DIVISION OF CORPORATIONS

FILED
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DIVISION OF CORPORATIONS

95 MAR 29 PM 4:20

DOCUMENT # **P23072** (2)
1. Corporation Name
CARPET DECORATORS, INC.

Principal Place of Business Mailing Address
107 NORTH SECOND STREET CENTRAL CITY KY 42330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/21/1989** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		61-1132142	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
State, Apt. #, etc.		State, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23	28	29	30		
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent
**WHITMER, LARRY
41 N. 20TH STREET
#15
HAINES CITY FL 33844**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (Printed Name of Registered Agent and Title) (NOTE: Registered Agent signature required when resigning) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, HAROLD	12 NAME	
STREET ADDRESS	RT. 1	13 STREET ADDRESS	
CITY, ST, ZIP	CENTRAL CITY KY	14 CITY, ST, ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, MARK	22 NAME	
STREET ADDRESS	421 RESERVOIR AVE	23 STREET ADDRESS	
CITY, ST, ZIP	CENTRAL CITY KY	24 CITY, ST, ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, CAROLYN	32 NAME	
STREET ADDRESS	RT 1	33 STREET ADDRESS	
CITY, ST, ZIP	CENTRAL CITY KY	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 110.07(3)(b), 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 887, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Teresa Kirkpatrick* -TERESA KIRKPATRICK 3-24-95 502-754-5041
SIGNATURE AND TITLE OF PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Signature)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
(DIVISION OF CORPORATIONS)

95 MAR 28 PM 6: 13

DOCUMENT # P23629 (9)

1. Corporation Name
INTELLUTION, INC.

Principal Place of Business Mailing Address
ONE EDGEWATER DR ONE EDGEWATER DR
NORWOOD MA 02062 NORWOOD MA 02062
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
03/29/1989 03/29/1994

4. FEI Number Applied For
04-2687556 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

2. Principal Place of Business 2a. Mailing Address

21 26

22 27

23 28

24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code **FL**

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, STEPHEN E.	1.2 NAME	
STREET ADDRESS	42 WINDING RIVER RD.	1.3 STREET ADDRESS	
CITY ST ZIP	NEEDHAM MA	1.4 CITY ST ZIP	
TITLE	S PO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMERANCE, JOHN R	2.2 NAME	
STREET ADDRESS	18 WILDE RD.	2.3 STREET ADDRESS	
CITY ST ZIP	WELLESLEY MA	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUBIN, TRACY G.	3.2 NAME	
STREET ADDRESS	142 WINDING RIVER RD.	3.3 STREET ADDRESS	
CITY ST ZIP	NEEDHAM MA	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODSUM, STEPHEN J	4.2 NAME	
STREET ADDRESS	CROMWELL POINT RD	4.3 STREET ADDRESS	
CITY ST ZIP	HOLDERNESS NH	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHALTER, EDMUND J.	5.2 NAME	
STREET ADDRESS	34 MILES RIVER RD.	5.3 STREET ADDRESS	
CITY ST ZIP	S. HAMILTON MA	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, JOHN H	6.2 NAME	
STREET ADDRESS	9 PARMENTER RD	6.3 STREET ADDRESS	
CITY ST ZIP	FRAMINGHAM MA	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 110.07(3)(b), 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 13 of this form if changed, or on an attachment with an address.

SIGNATURE: *Stephen E. Rubin* **Stephen E. Rubin** 3/21/95 (617) 769-8878

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 5:12

DOCUMENT # **P24583** (7)
1. Corporation Name
WELCARE INTERNATIONAL, INCORPORATED

Principal Place of Business Mailing Address
7000 CENTRAL PARKWAY SUITE 970 ATLANTA GA 30328 **7000 CENTRAL PARKWAY SUITE 970 ATLANTA GA 30328**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/01/1989** 3a. Date of Last Report **03/22/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		2a		58-1839701		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
22		27		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
23		28		<input type="checkbox"/>			
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature (Typed or printed name of registered agent and State of application)

(Date) Registered Agent (Typed or printed name of registered agent and State of application)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON, J. STEPHEN	1.2 NAME	
STREET ADDRESS	7000 CENTRAL PKWY #970	1.3 STREET ADDRESS	
CITY-ST- ZIP	ATLANTA GA	1.4 CITY- ST- ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, LISA	2.2 NAME	
STREET ADDRESS	7000 CENTRAL PKWY #970	2.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	2.4 CITY- ST- ZIP	
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSHA, KENT C SR	3.2 NAME	
STREET ADDRESS	7000 CENTRAL PARKWAY, STE 970	3.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	3.4 CITY- ST- ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAHL, ALAN C	4.2 NAME	
STREET ADDRESS	7000 CENTRAL PARKWAY, STE. 970	4.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	4.4 CITY- ST- ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIROS, PAUL A	5.2 NAME	
STREET ADDRESS	1201 PEACHTREE ST., #2200	5.3 STREET ADDRESS	
CITY- ST- ZIP	ATLANTA GA	5.4 CITY- ST- ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(3)(b), 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or if changed or on an attachment with an address.

SIGNATURE:

Lisa A Bennett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/95 (Date) (404) 698-9040 (Typed Name)

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 5: 54

DOCUMENT # P25412 (8)

1. Corporation Name
ROGERSOL, INC.

Principal Place of Business 5530 N. NORTHWEST HIGHWAY CHICAGO IL 60630	Mailing Address 5530 N. NORTHWEST HIGHWAY CHICAGO IL 60630
------------------------------------------------------------------------------	------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 2b	3. Date Incorporated or Qualified 07/31/1989	3a. Date of Last Report 04/18/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 36-3494347	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PALMER, CHARLES 111 E. LAS OLAS BLVD FT LAUDERDALE FL 33302		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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOL, NORMAN	12 NAME	
STREET ADDRESS	1021 DOVER CT	13 STREET ADDRESS	
CITY - ST - ZIP	LIBERTYVILLE IL	14 CITY - ST - ZIP	
TITLE	TD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, CHARLES	22 NAME	
STREET ADDRESS	111 LAS OLAS BLVD	23 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	24 CITY - ST - ZIP	
TITLE	V	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, GARY	32 NAME	
STREET ADDRESS	30W110 GLENHURST CT	33 STREET ADDRESS	
CITY - ST - ZIP	WARRENVILLE IL	34 CITY - ST - ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIDOMINICO, VICTORIA	42 NAME	
STREET ADDRESS	8426 W CATALDA	43 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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)(b), 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 such certificate, 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 addition.

SIGNATURE:  **GARY A. ANDERSON** 3-22-95 312-735-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 5:43

DOCUMENT # P25808 (7)
1. Corporation Name
PROGRAF, INC.

Principal Place of Business Mailing Address
2655 LEJEUNE RD., SUITE 909 **2655 LEJEUNE RD., SUITE 909**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
08/21/1989 **02/18/1994**

4. FEI Number Applied For
65-0125247 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

2. Principal Place of Business		2a. Mailing Address	
21	22	26	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
23	24	28	29
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent
OLLE, DENNIS, J.
201 SO BISCAYNE BLVD
STE 1402
MIAMI FL 33131

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when registering) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAHRMANN, RALF
STREET ADDRESS	2655 LEJEUNE RD, #909
CITY-ST-ZIP	CORAL GABLES FL
TITLE	SD
NAME	BOOTH, PETER
STREET ADDRESS	2655 LEJEUNE RD, #909
CITY-ST-ZIP	CORAL GABLES FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-ST-ZIP	
21	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	
23	STREET ADDRESS	
24	CITY-ST-ZIP	
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY-ST-ZIP	
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY-ST-ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY-ST-ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	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 110.07(3)(k), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR
PETER BOOTH

MARCH 24, 1995 305-442-9574

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Steven D. Morrison Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25891 (3)

1. Corporation Name
TITAN HOLDINGS, INC.

Principal Place of Business 1020 N.E. LOOP 410, SUITE 700 SAN ANTONIO TX 78209	Mailing Address 1020 N.E. LOOP 410, SUITE 700 SAN ANTONIO TX 78209
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------

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 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

 95 MAR 28 PM 3:56

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/01/1989	3a. Date of Last Report 04/20/1994
21	22	26	27	4. FEI Number 74-2269827	Applied For <input type="checkbox"/> Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24		25		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RUDD, JAMES D. 901 S.E. 17TH STREET CAUSEWAY FT. LAUDERDALE FL 33316				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			

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 _____ (Signature of person or persons registered agent and title of corporation) _____ (Name of Registered Agent registered under statute) _____ (Title)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WATSON, MARK E., JR. 1020 NE LOOP 410, #700 SAN ANTONIO TX	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD MANGOLD, THOMAS 901 WILSHIRE DR, STE 550 TROY MI	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	S WATSON III, MARK 1020 NE LOOP 410, STE 700 SAN ANTONIO TX	13 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP	TD BODAYLE, MICHAEL J. 1020 NE LOOP 410, #700 SAN ANTONIO TX	14 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP	D WOODS, GARY V. 9000 TESORO DRIVE, #122 SAN ANTONIO TX	15 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP	AVP BUMGARDNER, JILL P. 1020 N.E. LOOP 410 #700 SAN ANTONIO TX	16 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY ST ZIP		17 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), 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: Jill P. Bumgardner, JILL P. BUMGARDNER 3/16/95 210-824-4516
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Samora B. Johnson
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 5: 54

DOCUMENT # P26290 (7)

1. Corporation Name

AUTOMATED SYSTEMS OF GEORGIA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P.O. BOX 723030 P.O. BOX 723030
ATLANTA GA 31139 ATLANTA GA 31139
US US

3. Date Incorporated or Qualified 10/04/1989
3a. Date of Last Report 02/08/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		25		58-1858838		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, ROY S., JR.	1.2 NAME	
STREET ADDRESS	3715 NORTHSIDE PWY, #400	1.3 STREET ADDRESS	
CITY, ST, ZIP	ATLANTA GA	1.4 CITY, ST, ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, SCOTT G.	2.2 NAME	
STREET ADDRESS	3715 NORTHSIDE PWY, #400	2.3 STREET ADDRESS	
CITY, ST, ZIP	ATLANTA GA	2.4 CITY, ST, ZIP	
TITLE	VCD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALL, CALVIN L.	3.2 NAME	
STREET ADDRESS	3715 NORTHSIDE PWY, #400	3.3 STREET ADDRESS	
CITY, ST, ZIP	ATLANTA GA	3.4 CITY, ST, ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, GAIL A.	4.2 NAME	
STREET ADDRESS	3715 NORTHSIDE PWY, #400	4.3 STREET ADDRESS	
CITY, ST, ZIP	ATLANTA GA	4.4 CITY, ST, ZIP	
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Scott G. Thompson, President

404 266-9599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/22/95

Exempt From

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

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DIVISION OF CORPORATIONS
95 MAR 28 PM 4:09

DOCUMENT # **P26411** (9)
1. Corporation Name
IPC INTERNATIONAL CORPORATION

Principal Place of Business Mailing Address
1101 LAKE COOK ROAD DEERFIELD IL 60015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/11/1989** 3a. Date of Last Report **04/06/1994**
4. FEI Number **36-2972698** 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 D32, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc 25. Suite, Apt. #, etc
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 date of signature. DATE Registered Agent signature required when necessary.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, HOWARD L.	1.2 NAME	
STREET ADDRESS	1101 LAKE COOK RD.	1.3 STREET ADDRESS	
CITY ST ZIP	DEERFIELD IL	1.4 CITY ST ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANTZ, DONALD P.	2.2 NAME	
STREET ADDRESS	1101 LAKE COOK RD.	2.3 STREET ADDRESS	
CITY ST ZIP	DEERFIELD IL	2.4 CITY ST ZIP	
TITLE		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		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		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(B), 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: *Howard L. Kaplan* **Howard L. Kaplan** 2/2/95 (708) 940-8022
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Signature Printed