

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006333 (8)

1. Corporation Name

IHS ACQUISITION XI, INC.

Principal Place of Business

10065 RED RUN BLVD.
OWINGS MILLS MD 21117

Mailing Address

10065 RED RUN BLVD.
OWINGS MILLS MD 21117

400001484834

-05/12/95--01004--001

6200.00 *200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FBI Number

52-1906016

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

Zip

Country

Zip

Country

6. 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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

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 removing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CP
NAME CIRKA, LAWRENCE P
STREET ADDRESS 10065 RED RUN BLVD.
CITY ST ZIP OWINGS MILLS MD 21117
TITLE CV
NAME LEVIN, MARC B
STREET ADDRESS 10065 RED RUN BLVD.
CITY ST ZIP OWINGS MILLS MD 21117
TITLE DS
NAME ELKINS, MARSHALL A
STREET ADDRESS 10065 RED RUN BLVD.
CITY ST ZIP OWINGS MILLS MD 21117
TITLE CHICHESTER, DAVID N
NAME CHICHESTER, DAVID N
STREET ADDRESS 10065 RED RUN BLVD.
CITY ST ZIP OWINGS MILLS MD 21117
TITLE
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1. TITLE PD
2. NAME
3. STREET ADDRESS
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6. NAME
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98. NAME
99. STREET ADDRESS
100. 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 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:

Lawrence P. Cirka

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95

Date

4/6/95 8745

(Signature of Agent)