

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000005432 (8)**

1. Corporation Name

IHS ENVIRONMENTAL INFORMATION INC.



Principal Place of Business

Mailing Address

C/O TBG SERVICES INC.
565 FIFTH AVENUE
NEW YORK NY 10017-2413

C/O TBG SERVICES INC.
565 FIFTH AVENUE
NEW YORK NY 10017-2413

3. Date Incorporated or Qualified

11/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 State, Apt #, etc

26 State, Apt #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

23-2823479

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

C T CORPORATION SYSTEM
1200 SOUTH 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 officer 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 Registered Agent (required when changing agent)

Signature of Registered Agent (required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	MEYER, L C	
STREET ADDRESS	15 INVERNESS WAY EAST	
CITY-STATE-ZIP	ENGLEWOOD CO 80150	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GURNHAM, BRIAN	
STREET ADDRESS	912 SPRINGDALE DRIVE	
CITY-STATE-ZIP	EXTON PA 19341	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	HAMILTON, GILBERT	
STREET ADDRESS	15 INVERNESS WAY EAST	
CITY-STATE-ZIP	ENGLEWOOD CO 80150	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVINE, ROBERT B	
STREET ADDRESS	565 FIFTH AVE.	
CITY-STATE-ZIP	NEW YORK NY 10017	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GIGLIO, STEPHEN J	
STREET ADDRESS	912 SPRINGDALE DRIVE	
CITY-STATE-ZIP	EXTON PA 19341	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERGER, TERENCE	
STREET ADDRESS	912 SPRINGDALE DRIVE	
CITY-STATE-ZIP	EXTON PA 19341	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(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 appointment with an address.

SIGNATURE: *Robert B. Levine* **ROBERT B. LEVINE**
VICE-PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/96
DATE

Signature Printed

CR2E034 (12/95)