

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000005432 (8)**  
 1. Corporation Name  
**IHS ENVIRONMENTAL INFORMATION INC.**



Principal Place of Business C/O TBG SERVICES INC. 565 FIFTH AVENUE NEW YORK NY 10017-2413	Mailing Address C/O TBG SERVICES INC. 565 FIFTH AVENUE NEW YORK NY 10017-2413
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/06/1995</b>	
21		26		4. FEI Number <b>23-2823479</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
24	25	29	30		
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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  with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CEOD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>MEYER, LG</del> <i>Timber, Kenneth A.</i>			1.2 NAME			
STREET ADDRESS	15 INVERNESS WAY EAST			1.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO 80150			1.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<del>CURNHAM, BRIAN</del> <i>Bergan, Terrence F.</i>			2.2 NAME			
STREET ADDRESS	912 SPRINGDALE DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	EXTON PA 19341			2.4 CITY-ST-ZIP			
TITLE	VC	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMILTON, GILBERT			3.2 NAME			
STREET ADDRESS	15 INVERNESS WAY EAST			3.3 STREET ADDRESS			
CITY-ST-ZIP	ENGLEWOOD CO 80150			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVINE, ROBERT B			4.2 NAME			
STREET ADDRESS	565 FIFTH AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10017			4.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GIGLIO, STEPHEN J			5.2 NAME			
STREET ADDRESS	912 SPRINGDALE DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	EXTON PA 19341			5.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERGER, TERRENCE			6.2 NAME			
STREET ADDRESS	912 SPRINGDALE DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	EXTON PA 19341			6.4 CITY-ST-ZIP			

14. 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 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 B. Levine* **ROBERT B. LEVINE** *4/6/98* *212-850-8500*  
**REQUIRE PRESIDENT**

CF2E094 (10/97)