


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90003 036 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000003301 ✓
 1. Corporation Name
VIALE INFORMATION SYSTEMS, INC.

Principal Place of Business ONE WEST PENNSYLVANIA AVENUE TOWSON MD 21204	Mailing Address ONE WEST PENNSYLVANIA AVENUE TOWSON MD 21204
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1998	
21	26	4. FEI Number 52-1148364		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	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT + CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABELMAN, HENRY M	1.2 NAME	MORGAN, JENNY G.
STREET ADDRESS	5660 NEW NORTHSIDE DRIVE, SUITE 1400	1.3 STREET ADDRESS	1. W. PENNSYLVANIA AVENUE
CITY-ST-ZIP	ATLANTA GA 30328	1.4 CITY-ST-ZIP	TOWSON, MD 21204
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, JEFF	2.2 NAME	LEHNER, ARTHUR L.
STREET ADDRESS	1300 W. WOODFIELD ROAD	2.3 STREET ADDRESS	1. WEST PENNSYLVANIA AVENUE
CITY-ST-ZIP	SCHAUMBURG IL 60173	2.4 CITY-ST-ZIP	TOWSON, MD 21204
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	VP OF SALES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AUERBACH, DEBBIE	3.2 NAME	TRAVAGLINI, MARK
STREET ADDRESS	1 W. PENNSYLVANIA AVENUE	3.3 STREET ADDRESS	1. W. PENNSYLVANIA AVENUE
CITY-ST-ZIP	TOWSON MD 21204	3.4 CITY-ST-ZIP	TOWSON, MD 21204
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	CTO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILIS, DAVID P	4.2 NAME	BARBER, KEVIN M.
STREET ADDRESS	5660 NEW NORTHSIDE DRIVE, SUITE 1400	4.3 STREET ADDRESS	1 W. PENNSYLVANIA AVENUE
CITY-ST-ZIP	ATLANTA GA 30328	4.4 CITY-ST-ZIP	TOWSON, MD 21204
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	CAMPBELL, LAWRENCE	5.2 NAME	
STREET ADDRESS	1 W. PENNSYLVANIA AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TOWSON MD 21204	5.4 CITY-ST-ZIP	
TITLE	AT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	DEMBOWSKI, JERRY P	6.2 NAME	
STREET ADDRESS	5660 NEW NORTHSIDE DRIVE, SUITE 1400	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	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: _____ Date: **7/12/99** Daytime Phone #: **(410) 832-8300**

CR2E034 (5/99)