

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 MAY -1 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000060234 (0)

1. Corporation Name

IHS DISTRIBUTION CORP.



Principal Place of Business

255 ALHAMBRA CIR.
12TH FLOOR
CORAL GABLES FL 33134
US

Mailing Address

255 ALHAMBRA CIR.
12 FLOOR
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified
08/27/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0450753

Applied For
Not Applicable

23 City & State

28 City & State

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

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

24 Zip Country

29 Zip 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

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

81 Name CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable)
83 1200 South Pine Island Road
84 City PLANTATION FL 33324

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 this 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

PETER F. SOUZA
ASSISTANT SECRETARY

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCEO / DIR ☐ DELETE
NAME CHADSEY, JACK B
STREET ADDRESS 255 ALHAMBRA CIR.
CITY-ST-ZIP CORAL GABLES FL

11 TITLE P1 CEO / DIR ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE CSD ☒ DELETE
NAME HAUSLEIN, JAMES N
STREET ADDRESS 255 ALHAMBRA CIR.
CITY-ST-ZIP CORAL GABLES FL

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE AT&S/Sec / DIR ☐ DELETE
NAME PITA, GEORGE L
STREET ADDRESS 255 ALHAMBRA CIR.
CITY-ST-ZIP CORAL GABLES FL

31 TITLE Sec / AT / DIR ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE VCFO / TREAS. / DIR ☐ DELETE
NAME PETERSON, LARRY
STREET ADDRESS 255 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL

41 TITLE VP / CFO / TREAS / DIR ☒ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE AS ☐ DELETE
NAME MARBAN, MARLENE
STREET ADDRESS 255 ALHAMBRA CIRCLE
CITY-ST-ZIP CORAL GABLES FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ 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 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARLENE M. MARBAN
ASST. SECRETARY

Date

Daytime Phone #

4/22/96 (305) 461-6100

CR2E034 (12/95)