

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

FILED

May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P18368

(1)

1. Corporation Name
UNISYS WORLD TRADE, INC.



Principal Place of Business

PO BOX 500. CCSE14
BLUE BELL PA 19424

Mailing Address

PO BOX 500. CCSE14
BLUE BELL PA 19424

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 7700 WEST CAMINO REAL		26 PO BOX 500		03/09/1988	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 BOCA RATON FL		28 M/S CISE14		13-2746150	
24 33433-5433		29		5. Certificate of Status Desired	
Country		Country		<input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing	
26		31		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
27		32		8. This corporation owes or has paid the current year Intangible	
28		33		Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
29		34		10. Name and Address of New Registered Agent	
30		35		81 Name	
31		36		82 Street Address (P.O. Box Number is Not Acceptable)	
32		37		83	
33		38		84 City	
34		39		85 Zip Code	
35		40		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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVERBERG, JACK R	1.2 NAME	
STREET ADDRESS	TOWNSHIP LINE&UNION MTG.	1.3 STREET ADDRESS	7700 WEST CAMINO REAL
CITY-ST-ZIP	BLUE BELL PA	1.4 CITY-ST-ZIP	BOCA RATON FL 33433-5433
TITLE	V	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAINE, JACK A.	2.2 NAME	
STREET ADDRESS	TOWNSHIP LINE & UNION MEETING ROADS	2.3 STREET ADDRESS	7700 WEST CAMINO REAL
CITY-ST-ZIP	BLUE BELL PA	2.4 CITY-ST-ZIP	BOCA RATON FL 33433-5433
TITLE	VSD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, RONALD C	3.2 NAME	
STREET ADDRESS	TOWNSHIP LINE & UNION MEETING ROADS	3.3 STREET ADDRESS	7700 WEST CAMINO REAL
CITY-ST-ZIP	BLUE BELL PA	3.4 CITY-ST-ZIP	BOCA RATON FL 33433-5433
TITLE	VID	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLL, PETER S	4.2 NAME	
STREET ADDRESS	TOWNSHIP LINE&UNION MTG.	4.3 STREET ADDRESS	7700 WEST CAMINO REAL
CITY-ST-ZIP	BLUE BELL PA	4.4 CITY-ST-ZIP	BOCA RATON FL 33433-5433
TITLE	AS	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENE, SUSAN T	5.2 NAME	
STREET ADDRESS	TOWNSHIP LINE&UNION MTG.	5.3 STREET ADDRESS	7700 WEST CAMINO REAL
CITY-ST-ZIP	BLUE BELL PA	5.4 CITY-ST-ZIP	BOCA RATON FL 33433-5433
TITLE	AT	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETCHER, STEPHEN M	6.2 NAME	
STREET ADDRESS	TOWNSHIP LINE&UNION MTG.	6.3 STREET ADDRESS	7700 WEST CAMINO REAL
CITY-ST-ZIP	BLUE BELL PA	6.4 CITY-ST-ZIP	BOCA RATON FL 33433-5433

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.

RONALD C. ANDERSON

SIGNATURE:

4/23/98 (315)291-4744

CR2E034 (10/97)