

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

CORPORATION ANNUAL REPORT 1995

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



APPROVED  
AND  
FILED

95 MAR -3 AM 8: 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 833151 (4)

1. Corporation Name  
CCH COMPUTAX, INC.

Principal Place of Business Mailing Address  
21250 HAWTHORNE BLVD. 21250 HAWTHORNE BLVD.  
TORRANCE CA 90503 TORRANCE CA 90503

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified 10/08/1974 3a. Date of Last Report 04/08/1994  
4. FEI Number 95-2396893 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, title or printed name of registered agent and the Filing Agent) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	WHITLEY, RALPH
STREET ADDRESS	2700 LAKE COOK RD
CITY-ST-ZIP	RIVERWOODS IL
TITLE	D
NAME	MASSIE, EDWARD L
STREET ADDRESS	2700 LAKE COOK ROAD
CITY-ST-ZIP	RIVERWOODS IL
TITLE	S
NAME	AUGUSTINE, JOANN
STREET ADDRESS	2700 LAKE COOK RD
CITY-ST-ZIP	RIVERWOODS IL
TITLE	T
NAME	ASHLEY, KENNETH
STREET ADDRESS	2700 LAKE COOK RD
CITY-ST-ZIP	RIVERWOODS IL
TITLE	C
NAME	PLAISTOWE, NORM
STREET ADDRESS	2700 LAKE COOK RD
CITY-ST-ZIP	RIVERWOODS IL
TITLE	CFO
NAME	ABERNETHY, JOHN
STREET ADDRESS	2700 LAKE COOK RD
CITY-ST-ZIP	RIVERWOODS IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I declare to certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(A), Florida Statutes. I further certify that the information filed 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. 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 of this filing.

SIGNATURE: *Norm Plaistowe* NORM PLAISTOWE 02/23/95 (708)267-2267  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR