

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 19, 1994.
AMOUNT DUE ON OR BEFORE 8/19/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

**APPROVED
AND
FILED**

94 JUL 14 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **F9200000851 (7)**

1. Corporation Name
KROLL INFORMATION SERVICES, INC.

Mailing Address: **140 KENNEDY CAUSEWAY
209
MIAMI BEACH FL 33141
US**

Principal Place of Business: **140 KENNEDY CAUSEWAY
209
MIAMI BEACH FL 33141
US**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. Mailing Address		2a. Principal Place of Business		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 200 S BISCAYNE BLVD		26 200 S BISCAYNE BLVD		12/23/1992		03/03/1993	
22 1000		27 1000		4. FEI Number		Applied For	
23 MIAMI BEACH FLORIDA		28 MIAMI BEACH FL		13-9672381		Not Applicable	
24 33141-2300		25 US		5. Certificate of Status Deared		6. Election Campaign Financing Trust Fund Contribution	
				\$8.75 Additional Fee Required <input type="checkbox"/>		<input type="checkbox"/>	
				7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under S 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL			
				B5 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: _____
Signature (hand or printed name of registered agent and the block the FEI Registered Agent (signature required when necessary)

12. OFFICERS AND DIRECTORS				13. CHANGES TO OFFICERS AND DIRECTORS IN 1993			
11 TITLE	P/C/O	11 TITLE	C	11 TITLE	C	11 TITLE	C
12 NAME	KROLL JULES B	12 NAME	JULES B KROLL	12 NAME	JULES B KROLL	12 NAME	JULES B KROLL
13 STREET ADDRESS	PARSONAGE POINT	13 STREET ADDRESS	PARSONAGE POINT	13 STREET ADDRESS	PARSONAGE POINT	13 STREET ADDRESS	PARSONAGE POINT
14 CITY, ST, ZIP	RYE NY	14 CITY, ST, ZIP	RYE N.Y 10580	14 CITY, ST, ZIP	RYE N.Y 10580	14 CITY, ST, ZIP	RYE N.Y 10580
21 TITLE	S	21 TITLE	P	21 TITLE	P	21 TITLE	P
22 NAME	ROSETTI JOSEPH	22 NAME	ROBERT J MCGUIRE	22 NAME	ROBERT J MCGUIRE	22 NAME	ROBERT J MCGUIRE
23 STREET ADDRESS	30 CAVALRY RD.	23 STREET ADDRESS	1065 PARK -14 B	23 STREET ADDRESS	1065 PARK -14 B	23 STREET ADDRESS	1065 PARK -14 B
24 CITY, ST, ZIP	23STON CT	24 CITY, ST, ZIP	NEW YORK N.Y 10128	24 CITY, ST, ZIP	NEW YORK N.Y 10128	24 CITY, ST, ZIP	NEW YORK N.Y 10128
31 TITLE	P	31 TITLE	VC	31 TITLE	VC	31 TITLE	VC
32 NAME	PAGIOTTI NAZZARENO	32 NAME	JOSEPH ROSETTI	32 NAME	JOSEPH ROSETTI	32 NAME	JOSEPH ROSETTI
33 STREET ADDRESS	14 CROSSWICKS RIDGE RD.	33 STREET ADDRESS	39 CAVALRY RD	33 STREET ADDRESS	39 CAVALRY RD	33 STREET ADDRESS	39 CAVALRY RD
34 CITY, ST, ZIP	WILTON CT	34 CITY, ST, ZIP	WESTON CT 06893	34 CITY, ST, ZIP	WESTON CT 06893	34 CITY, ST, ZIP	WESTON CT 06893
41 TITLE		41 TITLE	V/F/H/D	41 TITLE	V/F/H/D	41 TITLE	V/F/H/D
42 NAME		42 NAME	NAZZARENO E PAGIOTTI	42 NAME	NAZZARENO E PAGIOTTI	42 NAME	NAZZARENO E PAGIOTTI
43 STREET ADDRESS		43 STREET ADDRESS	14 CROSSWICKS RIDGE RD	43 STREET ADDRESS	14 CROSSWICKS RIDGE RD	43 STREET ADDRESS	14 CROSSWICKS RIDGE RD
44 CITY, ST, ZIP		44 CITY, ST, ZIP	WILTON CT 06897	44 CITY, ST, ZIP	WILTON CT 06897	44 CITY, ST, ZIP	WILTON CT 06897
51 TITLE		51 TITLE	V/S/M/D	51 TITLE	V/S/M/D	51 TITLE	V/S/M/D
52 NAME		52 NAME	ROBERT P CONNOLLY	52 NAME	ROBERT P CONNOLLY	52 NAME	ROBERT P CONNOLLY
53 STREET ADDRESS		53 STREET ADDRESS	60 QUAKER HILL COURT EAST	53 STREET ADDRESS	60 QUAKER HILL COURT EAST	53 STREET ADDRESS	60 QUAKER HILL COURT EAST
54 CITY, ST, ZIP		54 CITY, ST, ZIP	CANTON - CT - 06030	54 CITY, ST, ZIP	CANTON - CT - 06030	54 CITY, ST, ZIP	CANTON - CT - 06030
61 TITLE		61 TITLE	V	61 TITLE	V	61 TITLE	V
62 NAME		62 NAME	ALICE T MCGILLICHO	62 NAME	ALICE T MCGILLICHO	62 NAME	ALICE T MCGILLICHO
63 STREET ADDRESS		63 STREET ADDRESS	50 GREENACRES AVE	63 STREET ADDRESS	50 GREENACRES AVE	63 STREET ADDRESS	50 GREENACRES AVE
64 CITY, ST, ZIP		64 CITY, ST, ZIP	SHELTON CT 06483	64 CITY, ST, ZIP	SHELTON CT 06483	64 CITY, ST, ZIP	SHELTON CT 06483

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and correct and qualify for the exemption stated in Sections 119.01(2) and 119.01(3), Florida Statutes. I further certify that the information included 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 in person. I am an officer or director of the corporation or the receiver or trustee empowered to furnish this report as required by Chapter 119, Florida Statutes, and that my name appears in Block 12 of this filing prepared by or on my behalf with an address.

SIGNATURE: *W. Smith*
PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR