

**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

DOCUMENT # F92000000851 (7)

1. Corporation Name

KROLL INFORMATION SERVICES, INC.



Principal Place of Business: 200 S. BISCAYNE BLVD. #1000 MIAMI BEACH FL 33141-2310 US  
Mailing Address: 900 THIRD AVENUE 7TH FLOOR NEW YORK NY 10022 US

3. Date Incorporated or Qualified: 12/23/1992  
3a. Date of Last Report: 06/14/1995  
4. FEI Number: 13-3672381  
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 (21-24)  
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85)

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	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROLL, JULES B	1.2 NAME	
STREET ADDRESS	PARSONAGE POINT	1.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, ROBERT J	2.2 NAME	
STREET ADDRESS	1085 PACK - 14B	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSETTI, JOSEPH	3.2 NAME	
STREET ADDRESS	39 CAVALRY RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON CT	3.4 CITY-ST-ZIP	
TITLE	VTMD/AS <input type="checkbox"/> DELETE	4.1 TITLE	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACIOTTI, NAZZARENO E	4.2 NAME	
STREET ADDRESS	14 CROSS WICKS RIDGE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON CT	4.4 CITY-ST-ZIP	
TITLE	<del>V</del> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>MCCILLION, ALICE T</del>	5.2 NAME	McCormick, Richard G.
STREET ADDRESS	<del>50 GREENACRES AVE.</del>	5.3 STREET ADDRESS	5539 Fairway Island Drive
CITY-ST-ZIP	<del>SCARSDALE NY</del>	5.4 CITY-ST-ZIP	West Palm Beach, FL 33144
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	V/MOIS
STREET ADDRESS		6.3 STREET ADDRESS	Dick, David L.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	437 Eight Street Brooklyn, NY 11215

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: David L. Dick 2/28/96 (512) 593-1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)