


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90427 016 \*\*\*150.00

<b>DOCUMENT # F93000004497</b> 1. Entity Name HOOPER INFORMATION SERVICES, INC.					
Principal Place of Business 170 MT. AIRY ROAD BASKING RIDGE, NJ 07920			Mailing Address 170 MT. AIRY ROAD BASKING RIDGE, NJ 07920		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04202006    Chg-P    CR2E034 (11/05)	
Zip		Country		4. FEI Number 22-2934927	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY			Name		
1201 HAYS STREET			Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE, FL 32301					
			City		
			FL    Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCNAMEE, JAMES M		NAME	James D. Calver	
STREET ADDRESS	170 MT. AIRY ROAD		STREET ADDRESS	170 MT. AIRY RD	
CITY-ST-ZIP	BASKING RIDGE, NJ 07920		CITY-ST-ZIP	BASKING RIDGE, NJ 07920	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEWETT, ROBERT W		NAME		
STREET ADDRESS	170 MT. AIRY ROAD		STREET ADDRESS		
CITY-ST-ZIP	BASKING RIDGE, NJ 07920		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VP TO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LASH, FRED		NAME	JOSEPH A. MARONE	
STREET ADDRESS	170 MT. AIRY ROAD		STREET ADDRESS	170 MT. AIRY RD	
CITY-ST-ZIP	BASKING RIDGE, NJ 07920		CITY-ST-ZIP	BASKING RIDGE, NJ 07920	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
<b>SIGNATURE:</b> _____ <b>JOSEPH A. MARONE, VP/Treas</b> 4/27/06    (905) 953-3864					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					

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