FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001266 (5)**

1. Corporation Name

IMS INFRASTRUCTURE MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
3350 SALT CREEK LANE SUITE 117 ARLINGTON HEIGHTS IL 60007	3350 SALT CREEK LANE SUITE 117 ARLINGTON HEIGHTS IL 60007

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1994
3a. Date of Last Report: N/A

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

4. FEI Number: 36-3856440 — 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
STE. 105
TALLAHASSEE FL 32301

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, 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	DP	11 TITLE	President	☒ Change ☐ Addition
NAME	MEIJER, JAN	12 NAME	Dominick J. Gatto	
STREET ADDRESS	3350 SALT CREEK LANE, STE. 117	13 STREET ADDRESS	3350 Salt Creek Lane #117	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60007	14 CITY-ST-ZIP	Arlington Heights IL 60005	
TITLE	V	21 TITLE	Vice President	☒ Change ☒ Addition
NAME	HARDT, DONALD L	22 NAME	David Butler	
STREET ADDRESS	3350 SALT CREEK LANE, STE. 117	23 STREET ADDRESS	3350 Salt Creek Lane #117	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60007	24 CITY-ST-ZIP	Arlington Heights IL 60005	
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	VON FEILITZEN, PETER	32 NAME		
STREET ADDRESS	3350 SALT CREEK LANE, STE. 117	33 STREET ADDRESS	6621 Bay Circle #120	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60007	34 CITY-ST-ZIP	Norcross GA 30071	
TITLE	ST	41 TITLE		☒ Change ☐ Addition
NAME	CHRISTENSEN, JAKOB	42 NAME		
STREET ADDRESS	3350 SALT CREEK LANE, STE. 117	43 STREET ADDRESS	6621 Bay Circle #120	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60007	44 CITY-ST-ZIP	Norcross GA 30071	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(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.

SIGNATURE: _____ 4/27/95 4042426202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0447804 FP