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 # 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

3. Date Incorporated or Qualified: 03/14/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip 60005 / 25 Country	29 Zip 60005 / 30 Country

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
904 5551212

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 ________

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	DOMINICK, GATTO J.	
STREET ADDRESS	3350 SALT CREEK LANE, STE. 117	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	
TITLE	VP	☐ DELETE
NAME	DAVID, BUTLER	
STREET ADDRESS	3350 SALT CREEK LANE, STE. 117	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	
TITLE	V	☐ DELETE
NAME	VON FEILITZEN, PETER	
STREET ADDRESS	6621 BAY CIRCLE #120	
CITY-ST-ZIP	NORCROSS GA	
TITLE	ST	☐ DELETE
NAME	CHRISTENSEN, JAKOB	
STREET ADDRESS	3350 SALT CREEK LANE, STE. 117	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60007	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☑ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	6621 BAYCIRCLE #120	
4.4 CITY-ST-ZIP	NORCROSS GA 30071	
5.1 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
5.2 NAME	BRUCE JOHNSON	
5.3 STREET ADDRESS	3350 SALT CREEK LANE #117	
5.4 CITY-ST-ZIP	ARLINGTON HTS, IL 60005	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: Jakob Christensen — 4/22/96 — 770 242 6202

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)