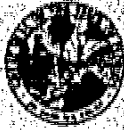


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 9:57

DOCUMENT # **F94000003711 (8)**

1. Corporation Name
KEN TEK INFORMATION SYSTEM, INC.

Principal Place of Business Mailing Address
**2945 WILDERNESS PL.
BOULDER CO 80301** **2945 WILDERNESS PL.
BOULDER CO 80301**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
07/15/1994

21	2. Principal Place of Business Suite, Apt. #, etc.	26	2a. Mailing Address Suite, Apt. #, etc.	4.	FBI Number 22-2402649	Applied For <input type="checkbox"/> Not Applicable				
22	23. City & State	27	27. City & State	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
24	24. Zip	25	25. Country	28	28. Zip	29	29. Country	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		8.		This corporation has liability for intangible tax under S. 195.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

**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
B5	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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIRES, PHILIP W	1.2 NAME	
STREET ADDRESS	2945 WILDERNESS PL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOULDER CO 80301	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBORN, CRAIG G	2.2 NAME	
STREET ADDRESS	2945 WILDERNESS PL.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOULDER CO 80301	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUJISAWA, HIROAKI	3.2 NAME	
STREET ADDRESS	2945 WILDERNESS PL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOULDER CO 80301	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HISHIKAWA, TAKANORI J	4.2 NAME	
STREET ADDRESS	2945 WILDERNESS PL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOULDER CO 80301	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, STEVEN C	5.2 NAME	
STREET ADDRESS	2945 WILDERNESS PL.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOULDER CO 80301	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, ROBERT M	6.2 NAME	
STREET ADDRESS	2945 WILDERNESS PL.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOULDER CO 80301	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 110.07(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 as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/95 (203)440-5500
Date Filing Number