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 AM 9:21
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **F94000006336 (1)**

1. Corporation Name
IHS ACQUISITION VIII, INC.

900001484829
-05/12/95--01004--001
DO NOT WRITE IN THIS SPACE. ****200.00 ****200.00

Principal Place of Business	Mailing Address
10065 RED RUN BLVD. OWINGS MILLS MD 21117	10065 RED RUN BLVD. OWINGS MILLS MD 21117

3. Date Incorporated or Qualified: **12/13/1994** | 3a. Date of Last Report:

2. Principal Place of Business (21) | 2a. Mailing Address (26)

4. FEI Number: **52-1906010** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23) | City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25) | Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS ST.
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CP~~	11 TITLE	PD	☒ Change ☐ Addition
NAME	CIRKA, LAWRENCE P	12 NAME		
STREET ADDRESS	10065 RED RUN BLVD.	13 STREET ADDRESS		
CITY ST ZIP	OWINGS MILLS MD 21117	14 CITY ST ZIP		
TITLE	~~CV~~	21 TITLE	SD	☒ Change ☐ Addition
NAME	LEVIN, MARC B	22 NAME		
STREET ADDRESS	10065 RED RUN BLVD.	23 STREET ADDRESS		
CITY ST ZIP	OWINGS MILLS MD 21117	24 CITY ST ZIP		
TITLE	~~DS~~	31 TITLE	VD	☒ Change ☐ Addition
NAME	ELKINS, MARSHALL A	32 NAME		
STREET ADDRESS	10065 RED RUN BLVD.	33 STREET ADDRESS		
CITY ST ZIP	OWINGS MILLS MD 21117	34 CITY ST ZIP		
TITLE	~~T~~	41 TITLE		☐ Change ☐ Addition
NAME	~~CHICHESTER, DAVID N~~	42 NAME		
STREET ADDRESS	~~10065 RED RUN BLVD.~~	43 STREET ADDRESS		
CITY ST ZIP	~~OWINGS MILLS MD 21117~~	44 CITY ST ZIP		
TITLE		51 TITLE	V	☐ Change ☒ Addition
NAME		52 NAME	Pickett, Taylor	
STREET ADDRESS		53 STREET ADDRESS	10065 Red Run Blvd,	
CITY ST ZIP		54 CITY ST ZIP	Owings Mills MD 21117	
TITLE		61 TITLE	~~SD~~ V	☐ Change ☒ Addition
NAME		62 NAME	Cahill, Dennis A.	
STREET ADDRESS		63 STREET ADDRESS	10065 Red Run Blvd,	
CITY ST ZIP		64 CITY ST ZIP	Owings Mills MD 21117	

5/1/95 DS

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: Taylor Pickett 4/6/95 410-798-8745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0008948 CP