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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

F95000003240 (7)

DOCUMENT # 1. Corporation Name INFORMATION ACCESS COMPANY



Principal Place o	/ Ruenace	Mailing Address			i iffelies titt aufer ante anter anter	
		362 LAKESIDE DR.				
362 LAKESIDE DR. FOSTER CITY CA 94404		FOSTER CITY CA 9	4404			
1001211 0111			-		3. Date Incorporated or Qualified	3a. Date of Last Report
					07/06/1995	N/A-
Principal Plac	e of Business	2a. Mailing Arldress			4. FEI Number	Applied For
1		26			06-1411737	Not Applicable
Suite, Apt. #,	etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
L		27	,		6. Election Campaign Financing	Fee Required
City & State		City & State		•		\$5.00 May Be Added to Fees
Zip	Country	Ζφ	Country		8. This corporation has liability for int	angible tax under s. 199.032,
]	25	29	30		Florida Statutes 🔲 Yes	K No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	jistered Agent
			81	Name		
THE PR	ENTICE-HALL CORPORATION	System, Inc.	82	Street A	Address (P.O. Box Number is Not Acceptable)	1
	lys street		83			
SUITE 1			83	'		
TALLAH	ASSEE FL 32301		84	City		FL 85 Zip Code
	10 5 - 07 00	no COZ 1EOD Florido Cunt.	too the object	nsevert co	rporation submits this statement for the purpo	
or registere	d agent, or both, in the State of Floi	riga. Such change was author	ized by the con	oration's l	board of directors. Thereby accept the appoin	itment as registered agent. I am
familiar with	and accept the obligations of, Sec	ction 607.0505, Florida Statute	es.			
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2.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
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AME	HARRIS, MICHAEL S		12 NAME	1	Patrice Randall 3693 Brandy Rock	
TREET ADORESS	1 STATION PLACE		1.3 STREE	T ADDRESS	3693 Brandy Kock	- Way
ITY-ST-ZIP	STAMFORD CT 06902		1.4 CITY -		Reduced City CA	94061
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certify that the information indicated on this arigidal effect as it made undo 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 or in attachment with an address.

SIGNATURE: Vatrice A Kan Lall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR