

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003240 (7)**

1. Corporation Name

INFORMATION ACCESS COMPANY

Principal Place of Business

**362 LAKESIDE DR.
FOSTER CITY CA 94404**

Mailing Address

**362 LAKESIDE DR.
FOSTER CITY CA 94404-1146**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1995	3a. Date of Last Report 04/18/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 06-1411737	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, MICHAEL S	1.2 NAME	Keith Lassner
STREET ADDRESS	1 STATION PLACE	1.3 STREET ADDRESS	875 N. Harsdale
CITY-ST-ZIP	STAMFORD CT 06902	1.4 CITY-ST-ZIP	Bloomfield Hills, MI 48302
TITLE	DC	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELTON, JERRELL W	2.2 NAME	Barry Thompson
STREET ADDRESS	1 STATION PLACE	2.3 STREET ADDRESS	346 Newcastle Lane
CITY-ST-ZIP	STAMFORD CT 06902	2.4 CITY-ST-ZIP	Danville CA 94506
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIPPARI, VINCENT A	3.2 NAME	Chippari, Vincent
STREET ADDRESS	1 STATION PLACE	3.3 STREET ADDRESS	1 Station Place
CITY-ST-ZIP	STAMFORD CT 06902	3.4 CITY-ST-ZIP	Stamford CT 06902
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDLAND, E A	4.2 NAME	
STREET ADDRESS	1 STATION PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902	4.4 CITY-ST-ZIP	
TITLE	VS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, KENNETH A	5.2 NAME	
STREET ADDRESS	1 STATION PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902	5.4 CITY-ST-ZIP	
TITLE	VS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, JIM W	6.2 NAME	
STREET ADDRESS	1 STATION PLACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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, changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97 415-378-5289
Date Daytime Phone #

CR2E034 (9/96)