


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

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
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		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/06/1995	
21		26		4. FEI Number 06-1411737	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	HARRIS, MICHAEL S				
STREET ADDRESS	1 STATION PLACE				
CITY-ST-ZIP	STAMFORD CT 06902				
TITLE	DC	<input type="checkbox"/> DELETE			
NAME	SHELTON, JERRELL W				
STREET ADDRESS	1 STATION PLACE				
CITY-ST-ZIP	STAMFORD CT 06902				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	CHIPPARI, VINCENT				
STREET ADDRESS	1 STATION PLACE				
CITY-ST-ZIP	STAMFORD CT				
TITLE	VS	<input type="checkbox"/> DELETE			
NAME	FRIEDLAND, E A				
STREET ADDRESS	1 STATION PLACE				
CITY-ST-ZIP	STAMFORD CT 06902				
TITLE	VS	<input type="checkbox"/> DELETE			
NAME	CARSON, KENNETH A				
STREET ADDRESS	1 STATION PLACE				
CITY-ST-ZIP	STAMFORD CT 06902				
TITLE	VS	<input type="checkbox"/> DELETE			
NAME	SCHROEDER, JIM W				
STREET ADDRESS	1 STATION PLACE				
CITY-ST-ZIP	STAMFORD CT 06902				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					

14. I 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 if changed or on an attachment with an address.

SIGNATURE:

Barry J. Thompson CFO

Barry J. Thompson 4/9/98 (650) 378-5379

CR2E034 (10/97)

SCHEDULE A

INFORMATION ACCESS COMPANY

OFFICERS

<u>NAME</u>	<u>TITLE</u>	<u>RESIDENCE ADDRESS</u>
Keith Lassner	Chairman & Chief Executive Officer	875 N. Harsdale Bloomfield Hills, MI 48302 SS# 558-74-0713
Robert Howells	Chief Operating Officer	556 Placitas Avenue Atherton, CA 94027 SS# 196-34-0015
Michael S. Harris	Vice President, Secretary	1 Wright Drive Goldens Bridge, NY 10526 SS# 112-40-2365
Edward A. Friedland	Vice President, Assistant Secretary	11 Arrowhead Road Westport, CT 06880 SS# 111-36-2556
Kenneth A. Carson	Vice President, Assistant Secretary	148 West Haviland Lane Stamford, CT 06903 SS# 113-54-2144
James W. Schroeder	Vice President, Assistant Secretary	143 Cambridge Avenue Garden City, NY 11530 SS# 085-42-8446
David Hulland	Vice President, Assistant Secretary	275 W. 96th Street, Apt. 10E New York, NY 10025 SS# 049-76-2535
Leslie Ilaw	Vice President, Assistant Secretary	2530 Independence Avenue Riverdale, NY 10463 SS# 066-46-8799
Barry J. Thompson	Chief Financial Officer	346 Newcastle Lane Danville, CA 94506 SS# 563-02-4531