

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005342 (9)

1. Corporation Name

NATIONAL ELECTRONIC INFORMATION CORPORATION



Principal Place of Business

Mailing Address

500 PLAZA DRIVE
SECAUCUS NJ 07094

500 PLAZA DRIVE
SECAUCUS NJ 07094

3. Date Incorporated or Qualified
11/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **Two Lakeside Place, 15 Century Blvd**
Suite, Apt #, etc

26 **Two Lakeside Place, 15 Century Blvd**
Suite, Apt #, etc

22 **Suite 600**
City & State

27 **Suite 600**
City & State

23 **Nashville, TN**
Zip Country

28 **Nashville, TN**
Zip Country

24 **37214** 25 **US**

29 **37214** 30 **US**

4. FEI Number
13-3052274

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 of Officer or Director of Corporation (to be filled in by filer)

(If filer is Registered Agent, signature required when registered)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HICKEY, KEVIN F	1.1 TITLE Chairman and CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1000 MIDDLE STREET, MB 66	1.2 NAME Fred C. Goad Jr
CITY-ST-ZIP	MIDDLETOWN CT	1.3 STREET ADDRESS 15 Century Blvd, Suite 600
TITLE	P	<input type="checkbox"/> DELETE
NAME	CALIRI, RICHARD P	2.1 TITLE SVP - Marketing + Sales <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	188 EAST 64TH STREET, APT 2801	2.2 NAME Richard P Caliri
CITY-ST-ZIP	NEW YORK NY	2.3 STREET ADDRESS 15 Century Blvd, Suite 600
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HANSEN, BRUCE	3.1 TITLE President and Co-CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	108 WOOTTON ROAD	3.2 NAME Jim D. Kever
CITY-ST-ZIP	ESSEX FALLS NJ	3.3 STREET ADDRESS 15 Century, Suite 600
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KENNEDY, PATRICK	4.1 TITLE CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	388 ANNETTE COURT	4.2 NAME Kevin M. McNameara
CITY-ST-ZIP	WYCKOFF NJ	4.3 STREET ADDRESS 15 Century Blvd, Suite 600
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, WARREN	5.1 TITLE SVP - Operations <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	900 COTTAGE GROVE ROAD, B-231	5.2 NAME Sheila H. Schweitzer
CITY-ST-ZIP	BLOOMFIELD CT	5.3 STREET ADDRESS 15 Century Blvd, Suite 600
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILLIGAN, THOMAS A	6.1 TITLE Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	200 BERKELEY STREET, B12	6.2 NAME William Ford
CITY-ST-ZIP	BOSTON MA	6.3 STREET ADDRESS 15 Century Blvd, Suite 600
		6.4 CITY-ST-ZIP Nashville, TN 37214

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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jim D Kever
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim D Kever

7-31-96

(615) 888-3100
Daytime Phone

CR2E034 (3/96)