

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000006289 (1)

1. Corporation Name
IV SUPPORT SYSTEMS CORP.



Principal Place of Business
**58 NORFOLK AVENUE
SOUTH EASTON MA 02375**

Mailing Address
**58 NORFOLK AVENUE
SOUTH EASTON MA 02375**

3. Date Incorporated or Qualified **12/27/1995** 3a. Date of Last Report

4. FEI Number **04-3294277** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

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 officer 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 of the applicant

NOTE: Registered Agent signature is not required when filing change.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	GAFFEY, STAN	
STREET ADDRESS	901 PARKVIEW BLVD	
CITY-ST-ZIP	LOMBARD IL	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	HOPKIN, KERRY G	
STREET ADDRESS	58 NORFOLK AVENUE	
CITY-ST-ZIP	SOUTH EASTON MA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RIDBERG, MICHAEL D	
STREET ADDRESS	3 BETHESDA METRO CENTER, STE 650	
CITY-ST-ZIP	BETHESDA MA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WHISNANT, JOHN W	
STREET ADDRESS	58 NORFOLK AVENUE	
CITY-ST-ZIP	SOUTH EASTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KHERERIAN, ROBERT P	
STREET ADDRESS	58 NORFOLK AVENUE	
CITY-ST-ZIP	SOUTH EASTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAND, JOHN F	
STREET ADDRESS	58 NORFOLK AVENUE	
CITY-ST-ZIP	SOUTH EASTON MA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

900001771208 Change Addition
-04/05/96--01083--016
*****200.00**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)