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**Mar 18 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 02375-1181**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current 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

3. Date Incorporated or Qualified

12/27/1995

3a. Date of Last Report

04/05/1996

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

10. Name and Address of New Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS		
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 checked="" 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 checked="" type="checkbox"/> DELETE
NAME	KHEDERIAN, ROBERT P	
STREET ADDRESS	58 NORFOLK AVENUE	
CITY-ST-ZIP	SOUTH EASTON MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAND, JOHN F	
STREET ADDRESS	58 NORFOLK AVENUE	
CITY-ST-ZIP	SOUTH EASTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stan Gaffey	
1.3 STREET ADDRESS	58 Norfolk Ave	
1.4 CITY-ST-ZIP	South Easton, Ma.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	John Maki	
2.3 STREET ADDRESS	58 Norfolk Ave.	
2.4 CITY-ST-ZIP	South Easton, Ma.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Edward Conrad	
3.3 STREET ADDRESS	58 Norfolk Ave.	
3.4 CITY-ST-ZIP	South Easton Ma.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stephen Pagliuca	
4.3 STREET ADDRESS	58 Norfolk Ave.	
4.4 CITY-ST-ZIP	South Easton, Ma.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or in an attachment with an address.

SIGNATURE

Stan Gaffey

CR2E034 (9/96)