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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600001156 (6)

THE INFORMATION SERVICES, INC.

Princ	ipal Place of Business	
	BOYLSTON STREET	

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

26

501 BOYLSTON STREET BOSTON MA 02117

## FILED May 01 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Not Applicable

 Date Incorporated or Qualified 03/06/1996

04-3222974

Suite, Apt. #, etc.		Suite, 7	Suite, Apl. #, etc.				5. Certificate of Status Desired Fee Required													
City & State			City & State				6. Election Campaign Financing	\$5.00	May Be											
23		28	28				Trust Fund Contribution		•											
Zip	Country	Zip		Cou	ntry		8. This corporation owes or has paid the current year Intangible													
24						Personal Properly Tax due June 30.  Yes No														
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent														
CT 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 t	to the provisions of Sections 607.050	2 and 607.1508	3. Florida Statut	es, the al	BOVE	-named corp	poration submits this statement for the purpo	se of changing its	registered
											office or re agent. I as	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such ations of, Section	h change was a in 607.0505, Flo	authorized orida Stat	d by utes	the corporat	ion's board of directors. I hereby accept the	appointment as i	registered
					SIGNATURE	Signature, typed or printed name of registered age	nt and thin if applicat	He (NOT	E Registered	d Ager	nt signature requir	red when reinstating) DA	ATE							
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 12											
TITLE	PD	<u></u>	DELETE	11 11	TLE		Assistant Treasurer	☐ Change	Addition											
NAME	ROSS, GREGORY A			1.2 N/	AME		Stephen J. Brash													
STREET ADDRESS	169 GUGGINS LANE			1.3 57	REET.	ADDRESS	332 East 84th Street													
CITY-ST-ZIP	BOXBOROUGH MA			1.4 01	TY-\$1	T- ZIP	New York. NY 10028													
TITLE	S		DELETE	2 1 TI	TLE		Assistant Treasurer	☐ Change	* Addition											
NAME	LIVINGSTON, MARY C			2.2 N	AME		Ronald Mare		i											
STREET ADDRESS	60 WHARF STREET			2.3 S1	REET.	ADDRESS	53-12 200 14th Street													
City-St-ZiP	NAHANT MA			2 4 0	ITY-S	T-ZIP	Bayside, NY 11364													
TITLE			DELETE	3.1 11	TLE		Assistant Treasurer	☐ Change	Addition											
NAME	Moody Jr, Lewis R			3.2 N/	AME		Leo R. Brown													
STREET ADDRESS	226 NAHANT ROAD			3.3 \$1	rreet	address	20 Valley Road													
CITY-ST-ZIP	NAHANT MA			3.4. C	ITY-S	T-ZIP	Glen Rock, NJ 07452													
TITLE	CD		DELETE	4.1 Ti	TLE			Change	Addition											
NAME	SHAFTO, ROBERT A			4. 2 N	AME															
STREET ADDRESS	526 GROVE STREET			4.3 \$1	TAEET	ADDRESS														
CITY-ST-ZIP	NEEDHAM MA				TY-S	1 - ZIP														
TITLE	D		DELETE	5.1 TO	TLE			Change	Addition											
NAME	SCHNEIDER, ROBERT E			5.2 N/	AME															
STREET ADDRESS	52 WESTMINSTER ROAD			5.3 ST	TREET	ADDRESS														
CITY-ST-ZIP	NEWTON CENTRE MA				ΠY-Ş	T-ZIP														
TITLE	D		DELETE	6.1 TI	TLE			L. Change	Addition											
NAME	WILSON, H J			6.2 N	AME															
STREET ADDRESS	25 CAROLINE PARK			6 3 S	FREET	ADDRESS														
CITY-ST-ZIP	NEWTON MA			6.4 C	ITY-S	T-ZIP														
14. I hereby o	certify that the information supplied w	ith this filing do	es not qualify f	or the exc	empl d tha	tion stated in	Section 119.07(3)(i), Florida Statutes. I furth	er certify that the de under oath; tha	intermation at Lam an											

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 suppliemental 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 of sustee 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 an attachment with an address.

IGNATURE THE POWER !!

4/15/98

(617)578-2476