

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

FILED
Jun 19 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 # F96000004321 (3)
 1. Corporation Name
IPC INFORMATION SYSTEMS, INC.



Principal Place of Business WALL STREET PLAZA, 88 PINE ST. NEW YORK NY 10005	Mailing Address WALL STREET PLAZA, 88 PINE ST. NEW YORK NY 10005
--	--

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/22/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 58-1636502	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	Chief Financial Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEINKNECHT, RICHARD P	1.2 NAME	Brian Reach
STREET ADDRESS	WALL STREET PLAZA, 88 PINE ST.	1.3 STREET ADDRESS	Wall Street Plaza, 88 Pine Street
CITY-ST-ZIP	NEW YORK NY 10005	1.4 CITY-ST-ZIP	New York, NY 10005
TITLE	VCD <input type="checkbox"/> DELETE	2.1 TITLE	Secretary, Chief Counsel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEINKNECHT, PETER J	2.2 NAME	Daniel Eversky
STREET ADDRESS	WALL STREET PLAZA, 88 PINE ST.	2.3 STREET ADDRESS	Wall Street Plaza, 88 Pine Street
CITY-ST-ZIP	NEW YORK NY 10005	2.4 CITY-ST-ZIP	New York, NY 10005
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINERNEY, ROBERT J	3.2 NAME	
STREET ADDRESS	WALL STREET PLAZA, 88 PINE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, THEODORE	4.2 NAME	
STREET ADDRESS	WALL STREET PLAZA, 88 PINE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIN, PETER M	5.2 NAME	
STREET ADDRESS	WALL STREET PLAZA, 88 PINE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	5.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLONTZ, S T	6.2 NAME	
STREET ADDRESS	WALL STREET PLAZA, 88 PINE ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10005	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 on an attachment with an address.

SIGNATURE: _____ DATE: **6/11/97**

CR2E034 (9/96)