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FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90044 008 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000004321

1. Corporation Name
IPC INFORMATION SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 88 PINE ST NEW YORK NY 10005	Mailing Address 88 PINE ST NEW YORK NY 10005 <i>Attn: Dan Rinaldi</i>
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3. Date Incorporated or Qualified 08/22/1996	
4. FEI Number 58-1636502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	GD <input type="checkbox"/> DELETE
NAME	KLEINKNECHT, RICHARD P
STREET ADDRESS	88 PINE ST
CITY-ST-ZIP	NEW YORK NY 10005
TITLE	D <input type="checkbox"/> DELETE
NAME	MCINERNEY, ROBERT J
STREET ADDRESS	88 PINE ST
CITY-ST-ZIP	NEW YORK NY 10005
TITLE	D <input type="checkbox"/> DELETE
NAME	REACH, BRIAN
STREET ADDRESS	88 PINE ST
CITY-ST-ZIP	NEW YORK NY 10005
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 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, with all other like empowered.

SIGNATURE: *Brian Reach* **BRIAN REACH** 5/5/99 (any 858-7808)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

545 490-90043-8
F96000004321

OFFICER / DIRECTOR	TITLE	ADDRESS
Richard Kleinknecht	Director	88 Pine Street New York, NY 10005
Brian Reach	Director / Vice President / CFO	88 Pine Street New York, NY 10005
David Walsh	Director / Vice President	88 Pine Street New York, NY 10005
Jerry Starr	Director / President / CEO	88 Pine Street New York, NY 10005
Peter Woog	Director	88 Pine Street New York, NY 10005
Richard Cashin, Jr.	Director	88 Pine Street New York, NY 10005
David Howe	Director	88 Pine Street New York, NY 10005
Robert McInerney	Director	88 Pine Street New York, NY 10005
Richard Smith	Director	88 Pine Street New York, NY 10005