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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700000302

1. Corporation Name

IHS ACQUISITION XV, INC.

May 03, 1999 8:00 am Secretary of State 05-03-1999 90009 023 ***150.00



| Principal Place of Business 100S RED RUN BLVD. OWINGS MILLS MD 21117 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified O1/11/1/1997 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified O1/11/1/1997 Applied For Second Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified O1/11/1/1997 A Fill Rumber Second Place of Business 2. Mailing Address 3. Date Incorporated or Qualified O1/11/1/1997 A Fill Rumber Second Place of Business 2. Mailing Address 3. Date Incorporated or Qualified O1/11/1/1997 A Fill Rumber Second Place of Business 3. Date Incorporated or Qualified O1/11/1/1997 A Fill Rumber Second Place of Business 3. Date Incorporated or Qualified O1/11/1/1997 Second Place of Business 3. Date Incorporated or Qualified O1/11/1/1997 A Fill Rumber Second Place of Business 3. Date Incorporated or Qualified O1/11/1/1997 Second Place of Business 3. Date Incorporated or Qualified O1/11/1/1997 Second Place of Business 3. Date Incorporated or Qualified O1/11/1/1997 Second Place of Business 3. Date Incorporated or Qualified O1/11/1/1997 Second Place of Business 3. Date Incorporated or Qualified O1/11/1/1997 Second Place of Business 3. Date Incorporated or Qualified O1/11/1/1997 Second Place of Gualified O1/11/1/1997 Second Place of Qualified O1/11/1997 Second Place of |
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| 3. Date Incorporated or Qualifed 01/17/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 52-2012475 |
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| 22 27 5. Certicate of Status Desired Fee Required |
| City & State |
| Zip Country Zip Country Zip Country S. This corporation owes the current year Intangible Personal Property Tax. Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 1200 SOUTH PINE ISLAND ROAD 25 Street Address (P.O. Box Number is Not Acceptable) 25 Street Address (P.O. Box Number is Not Acceptable) 26 Street Address (P.O. Box Number is Not Acceptable) 26 Street Address (P.O. Box Number is Not Acceptable) 26 Street Address (P.O. Box Number is Not Acceptable) 26 Street Address (P.O. Box Number is Not Acceptable) 27 Code 27 C |
| Zip |
| 24 |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Signature, typed or printed rame of registered agent and title if application. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. STREET ADDRESS OWNINGS MILLS MD 21117 15. VS 16. Name and Address of New Registered Agent 16. Name and Address of New Registered Agent 17. Name and Address of New Registered Agent 18. Name 18. Otty 18. City 18. City 19. B. City 10. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 14. City 15. City 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Addition 17. Change Addition 18. City 19. Change Addition 20. Change Addition |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 agent, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE P SADELETE 1.1 TITLE PARIE TADRESS (CITY-ST-ZIP) OWINGS MILLS MD 21117 TITLE VS DELETE 2.1 TITLE DATE 1.2 TAME 1.3 STREET ADDRESS (COTT-ST-ZIP) OWINGS MILLS MD 21117 Change Addition Addition Addition Addition ACChange Addition Addition ACChange Addition Addition ACChange Addition Addition ACCHANGE TO THE ACCH |
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| STREET ADDRESS 10065 RED RUN BLVD. 43 STREET ADDRESS 10065 RED RUN BLVD. |
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| STREET ADDRESS 6.3 STREET ADDRESS |
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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: