


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90012 014 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000405

1. Corporation Name
RMS INFORMATION SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4221 FORBES BLVD LANHAM MD 20706	Mailing Address 4221 FORBES BLVD LANHAM MD 20706
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3. Date Incorporated or Qualified 01/24/1997	
4. FEI Number 52-2003243	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	DV	<input checked="" type="checkbox"/> DELETE
NAME	LUBERT, IRA M	
STREET ADDRESS	101 W MAIN ST	
CITY-ST-ZIP	MOORESTOWN NJ 08057	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	KEITH, ROBERT E JR	
STREET ADDRESS	800 THE SAFEGUARD BLDG, 435 DEVON PARK DR	
CITY-ST-ZIP	WAYNE PA 19087-1945	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	ROSARD, STEVEN J	
STREET ADDRESS	800 THE SAFEGUARD BLDG, 435 DEVON PARK DR	
CITY-ST-ZIP	WAYNE PA 19087-1945	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ADELMAN, MARILYN D	
STREET ADDRESS	800 THE SAFEGAUARD BLDG, 435 DEVON PARK DR	
CITY-ST-ZIP	LANHAM MD 20706	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERTA, MICHAEL A DR	
STREET ADDRESS	11101 OLD SAYBROOK	
CITY-ST-ZIP	GREAT FALLS VA 22066	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WHITE, JOHN	
STREET ADDRESS	195 BRISTOL OXFORD VALLEY RD	
CITY-ST-ZIP	LANGHORNE PA 19047	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	N. Bewtra	
1.3 STREET ADDRESS	10601 Stapleford Hall Drive	
1.4 CITY-ST-ZIP	Potomac, MD 20854	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mr. R. Roth	
2.3 STREET ADDRESS	7416 Walton Lane	
2.4 CITY-ST-ZIP	Annada.le, VA 22003	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mr. W. Vest	
3.3 STREET ADDRESS	11803 Gray Birch Pl.	
3.4 CITY-ST-ZIP	Reston, VA 22091	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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:

SIGNATURE: _____ DATE: **7/20/99**

CR2E034 (5/99)