

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

FILED

Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000001573 (1)

1. Corporation Name

INTEGRATED SYSTEMS CONTROL, INC.

Principal Place of Business

350 CENTRE POINTE DR  
VIRGINIA BCH FL 23462

Mailing Address

350 CENTRE POINTE DR  
VIRGINIA BCH FL 23462



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/27/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 54-1245469	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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

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	DCP	<input type="checkbox"/> DELETE	1.1 TITLE	CFD / SECRETARY / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPARKS, HOWARD F		1.2 NAME	DEV GANESAN	
STREET ADDRESS	350 CENTRE POINTE DR		1.3 STREET ADDRESS	10089 LEE HIGHWAY	
CITY-ST-ZIP	VIRGINIA BCH FL 23462		1.4 CITY-ST-ZIP	FAIRFAX, VA 22030	
TITLE	DV	<input type="checkbox"/> DELETE	2.1 TITLE	BOARD OF DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERRY, GALE V		2.2 NAME	TOM COSTELLO	
STREET ADDRESS	350 CENTRE POINTE DR		2.3 STREET ADDRESS	10089 LEE HIGHWAY	
CITY-ST-ZIP	VIRGINIA BCH FL 23462		2.4 CITY-ST-ZIP	FAIRFAX, VA 22030	
TITLE	DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	BOARD OF DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERRY, CHRISTINE		3.2 NAME	CHUCK MARTINACHE	
STREET ADDRESS	350 CENTRE POINTE DR		3.3 STREET ADDRESS	2170 ASHLEY PHOSPHATE RD, STE 700	
CITY-ST-ZIP	VIRGINIA BCH FL 23462		3.4 CITY-ST-ZIP	CHARLESTON, SC 29406	
TITLE	DT	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKS, IRENE L		4.2 NAME		
STREET ADDRESS	350 CENTRE POINTE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA BCH FL 23462		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:

(57)671-2501

CR2E034 (10/97)