

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/27/1997	
4. FEI Number 54-1245469	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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 _____ (NAME) _____ (DATE)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DCP SPARKS, HOWARD F	<input type="checkbox"/>
NAME	350 CENTRE POINTE DR	
STREET ADDRESS	VIRGINIA BCH FL 23462	
CITY-ST-ZIP		
TITLE	DV BERRY, GALE V	<input type="checkbox"/>
NAME	350 CENTRE POINTE DR	
STREET ADDRESS	VIRGINIA BCH FL 23462	
CITY-ST-ZIP		
TITLE	DS BERRY, CHRISTINE	<input checked="" type="checkbox"/>
NAME	350 CENTRE POINTE DR	
STREET ADDRESS	VIRGINIA BCH FL 23462	
CITY-ST-ZIP		
TITLE	DT SPARKS, IRENE L	<input checked="" type="checkbox"/>
NAME	350 CENTRE POINTE DR	
STREET ADDRESS	VIRGINIA BCH FL 23462	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE	CFD / SECRETARY / TREASURER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	DEV GANESAN		
1.3 STREET ADDRESS	10089 LEE HIGHWAY		
1.4 CITY-ST-ZIP	FAIRFAX, VA 22030		
2.1 TITLE	BOARD OF DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	TOM COSTELLO		
2.3 STREET ADDRESS	10089 LEE HIGHWAY		
2.4 CITY-ST-ZIP	FAIRFAX, VA 22030		
3.1 TITLE	BOARD OF DIRECTOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	CHUCK MARTINACHE		
3.3 STREET ADDRESS	2170 ASHLEY PHOSPHATE RD, STE 700		
3.4 CITY-ST-ZIP	CHARLESTON, SC 29406		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: _____ (757) 671-2501

CR2E034 (10/97)