

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90019 040 ***158.75

DOCUMENT # F97000006599

1. Entity Name

INFORMATION NETWORK SYSTEMS, INC.



Principal Place of Business

ONE IVYBROOK BLVD. SUITE 140
IVYLAND PA 18974

Mailing Address

ONE IVYBROOK BLVD. SUITE 140
IVYLAND PA 18974

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-2139528

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNISELY, BEN
739 ANTALYA COURTS
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name

EDWIN F. BLANTON-ESQ

Street Address (P.O. Box Number is Not Acceptable)

825 THOMASVILLE RD

City

JALAHASS E FL

Zip Code

32303

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MARTIN, SYDNEY
STREET ADDRESS 22 BAILWICK OFFICE CAMPUS
CITY-ST-ZIP DOYLESTOWN PA 18901

TITLE P ☐ Delete
NAME BROHM, GERARD P
STREET ADDRESS C/O INS INC-IVY BROOK BLVD., STE. 140
CITY-ST-ZIP IVYLAND PA 18974

TITLE S ☐ Delete
NAME BLANTON, DAVID
STREET ADDRESS C/O INS INC-IVY BROOK BLVD., STE. 140
CITY-ST-ZIP IVYLAND PA 18974

TITLE T ☐ Delete
NAME MARTIN, SHARON B
STREET ADDRESS 1 IVY BROOK BLVD # 140
CITY-ST-ZIP IVYLAND PA 18974

TITLE D ☐ Delete
NAME HIRON, MARTIN B
STREET ADDRESS IVY BROOK BLVD. STE.140
CITY-ST-ZIP IVY LAND PA 18974

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

2. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/13/04 215-675-5110