



**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>APPROVED AND FILED</b>  1997 MAY -1 PM 3:05  SECRETARY OF STATE TALLAHASSEE, FLORIDA 2929 ALLEN PARKWAY, SUITE 165 HOUSTON TX 77019	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>SYSTEM ONE INFORMATION MANAGEMENT, L.L.C., L.C. 2929 ALLEN PARKWAY, SUITE 1650 HOUSTON TX 77019</b>		<b>DOCUMENT #M95000000080</b>			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business <b>SAME</b>		2a. Mailing Address <b>9250 NW 36 ST FN-16</b>		3. Date Organized or Qualified <b>03/28/1995</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>FN-16</b>		3a. State of Formation <b>DE</b>	
City & State		City & State <b>Miami, FL</b>		4. FEI Number <b>76-0463637</b>	
Zip		Zip <b>33178</b>		5. Date of Last Report <b>06/17/1996</b>	
Country <b>USA</b>		Country <b>USA</b>		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> SB 29 Additional Fee Required	
7. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYS STREET, SUITE 105 TALLAHASSEE FL 32301</b>				8. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.				City	
Zip Code				<b>FL</b>	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ DATE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	SYSTEM ONE INFORMATION	2929 ALLEN PARKWAY, SUITE		HOUSTON TX 77019	
MGRM	NATIONAL MARKETING COM	2929 ALLEN PARKWAY, SUITE		HOUSTON TX 77019	
MGRM	Electronic Data Systems	5400 Legacy		Plano, TX 75024	
MGRM	Amadeus NMC Holdings Inc	1013 Centre Rd.		Wilmington, DE 19805	
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11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date: <b>4/28/97</b> Daytime Phone #: <b>(305) 499-6715</b>					