

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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**

1997 MAY - 1 PM 3:05

FILING FEE	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M95000000080
 SYSTEM ONE INFORMATION MANAGEMENT, L.L.C.,
 L.C.
 2929 ALLEN PARKWAY, SUITE 1650
 HOUSTON TX 77019

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address
**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**
 2929 ALLEN PARKWAY, SUITE 165
 HOUSTON TX 77019

2. Principal Place of Business SAME		2a. Mailing Address 9250 NW 36 ST		3. Date Organized or Qualified 03/28/1995	3a. State of Formation DE
Suite, Apt. #, etc.		Suite, Apt. #, etc. FN-16		4. FEI Number 76-0463637	
City & State Miami, FL		City & State		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 33178	Country USA	Zip	Country	5. Date of Last Report 06/17/1996	<input type="checkbox"/> SB 29 Additional Fee Required

7. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM,
 1201 HAYS STREET, SUITE 105
 TALLAHASSEE FL 32301**

8. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, etc. _____

City **FL** Zip Code _____

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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******203.75 ****203.75**
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5/14/97

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:  **4/28/97** **(305)499-6715**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #