

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:21

DOCUMENT # **P02355** (6)

1. Corporation Name
INFORMATION SPECTRUM, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
5107 LEESBURG PIKE 1900, SUITE 1900 FALLS CHURCH VA 22041

3. Date Incorporated or Qualified 06/11/1984	3a. Date of Last Report 04/20/1994
4. FEI Number 22-1920172	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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suits, Apt. #, etc.	26. Suits, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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: _____ (DATE) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GETZ, SOLOMON	1.2 NAME	
STREET ADDRESS	845 STEHEN ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	WARMINSTER PA	1.4 CITY - ST - ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, MURAY	2.2 NAME	
STREET ADDRESS	1012 OWL LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHERRY HILL NJ	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTTENBERG, A. FRED	3.2 NAME	
STREET ADDRESS	51 FAIES LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHERRY HILL NJ	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASLIN, JACKSON	4.2 NAME	
STREET ADDRESS	5107 LEESBURG PIKE	4.3 STREET ADDRESS	
CITY - ST - ZIP	FALLS CHURCH VA	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, MARK	5.2 NAME	
STREET ADDRESS	5107 LEESBURG PIKE	5.3 STREET ADDRESS	
CITY - ST - ZIP	FALLS CHURCH VA	5.4 CITY - ST - ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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. 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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Jackson Maslin* JACKSON MASLIN 1/24/95 703 845 5010
REPRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR