

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P02355 (6)**

1. Corporation Name  
**INFORMATION SPECTRUM, INC.**



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 **02/22/1995**  
4. FEI Number **22-1920172** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **7611 LITTLE RIVER TURNPIKE** 26 **7611 LITTLE RIVER TURNPIKE**  
22 **300 EAST** 27 **300 EAST**  
23 **ANNANDALE VA** 28 **ANNANDALE VA**  
24 **22003** 25 **USA** 29 **22003** 30 **USA**

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  
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 607.0602 and 607.1504, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
2001 Registered Agent signature required after 1/1/01

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GETZ, SOLOMON</b>	1.2 NAME	
STREET ADDRESS	<b>845 STEHEN ROAD</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>WARMINSTER PA</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, MURAY</b>	2.2 NAME	
STREET ADDRESS	<b>1012 OWL LANE</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>CHERRY HILL NJ</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUTTENBERG, A. FRED</b>	3.2 NAME	
STREET ADDRESS	<b>51 FAJES LANE</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>CHERRY HILL NJ</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASLIN, JACKSON</b>	4.2 NAME	
STREET ADDRESS	<b>5107 LEESBURG PIKE</b>	4.3 STREET ADDRESS	<b>7611 LITTLE RIVER TURNPIKE</b>
CITY-STATE-ZIP	<b>FALLS CHURCH VA</b>	4.4 CITY-STATE-ZIP	<b>ANNANDALE VA 22003</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GREEN, MARK</b>	5.2 NAME	
STREET ADDRESS	<b>5107 LEESBURG PIKE</b>	5.3 STREET ADDRESS	<b>7611 LITTLE RIVER TURNPIKE</b>
CITY-STATE-ZIP	<b>FALLS CHURCH VA</b>	5.4 CITY-STATE-ZIP	<b>ANNANDALE VA 22003</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 119.07(3)(k), 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: *Jackson Maslin* **JACKSON MASLIN** 2/21/96 703 354-3737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day, Time & Place

CR2E034 (12/95)