

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P14530** (0)

1. Corporation Name

INFORMATION HANDLING SERVICES INC.



Principal Place of Business

Mailing Address

**C/O T B G SVCS. INC.
565 FIFTH AVE., 17TH FLOOR
NEW YORK NY 10017-2413**

**C/O T B G SVCS. INC.
565 FIFTH AVE., 17TH FLOOR
NEW YORK NY 10017-2413**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

05/19/1987

05/01/1995

4. FEI Number

Applied For

22-2721160

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0502 and 607.1506, 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

Signature of Registered Agent (Required for Change of Registered Agent)

Signature of Registered Agent (Required for Change of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **JORDAN, ROBERT L**
STREET ADDRESS **15 INVERNESS WAY EAST**
CITY-STATE-ZIP **ENGLEWOOD CO 80150**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **CUTLER, RICHARD J.**
STREET ADDRESS **190 FEN WAY**
CITY-STATE-ZIP **SYOSSET NY**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **V** ☐ DELETE
NAME **LEVINE, ROBERT B.**
STREET ADDRESS **124 S. MARION PLACE**
CITY-STATE-ZIP **ROCKVILLE CENTRE NY**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE **TSD** ☐ DELETE
NAME **MEYER, L. CHRISTOPHER**
STREET ADDRESS **15 INVERNESS WAY EAST**
CITY-STATE-ZIP **ENGLEWOOD CO**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE **D** ☐ DELETE
NAME **TIMBERS, MICHAEL**
STREET ADDRESS **2500 EAST QUINCY**
CITY-STATE-ZIP **ENGLEWOOD CO**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 attaching written address.

SIGNATURE: **ROBERT B. LEVINE**
VICE-PRESIDENT

1/16/96 214-850-8508

CR2E034 (12/95)