

**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 # **P29539** (4)

1. Corporation Name  
**IIS INC.**



Principal Place of Business Mailing Address  
**10230 W. 70TH STREET EDEN PRAIRIE MN 55344**

3. Date Incorporated or Qualified **05/29/1990** 3a. Date of Last Report **03/06/1995**  
4. FEI Number **22-2518635** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BEDNARIK, THOMAS S	
STREET ADDRESS	% 2999 N. 44TH ST.	
CITY - ST - ZIP	PHOENIX AZ	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HERBST, JACOB	
STREET ADDRESS	115 SWEDEN ST.	
CITY - ST - ZIP	HAIFA, ISRAEL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ORON, NAFTALI	
STREET ADDRESS	18 HANIZANIM	
CITY - ST - ZIP	HAIFA, ISRAEL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KARPINSKE, CHUCK	
STREET ADDRESS	10230 W 70 ST.	
CITY - ST - ZIP	EDEN PRAIRIE MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STERLING, HOWARD	
STREET ADDRESS	1705 CHEVY CHASE DR.	
CITY - ST - ZIP	BEVERLY HILLS CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTER, CECIL	
STREET ADDRESS	400 SANDERS ROAD	
CITY - ST - ZIP	DEERFIELD IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HERBST, JACOB	
1.3 STREET ADDRESS	115 SWEDEN ST.	
1.4 CITY - ST - ZIP	HAIFA, ISRAEL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BENSON, WILLIAM	
4.3 STREET ADDRESS	17628 CASCADE DR	
4.4 CITY - ST - ZIP	EDEN PRAIRIE, MN 55347	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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: *William Benson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/31/96** Daytime Phone #: **612/828-0400**

CR2E034 (12/95)