

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P30877 (5)
1. Corporation Name
CONVERSION SYSTEMS, INC.



Principal Place of Business
1155 BUSINESS CTR DR
HORSHAM PA 19044-3454
US

Mailing Address
FIVE HIGH RIDGE PARK
1155 BUSINESS CENTER DR
HORSHAM FL 19044
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/11/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-2605725	
24 Country		30 Country		Applied For	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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	P	<input checked="" type="checkbox"/> DELETE
NAME	HARKER, RICHARD A.	
STREET ADDRESS	1155 BUS CTR DR	
CITY-ST-ZIP	HORSHAM PA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ANDERSON, AARNE	
STREET ADDRESS	1155 BUS CTR DR	
CITY-ST-ZIP	STANDFORD CT	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	HUBEN, CHRISTINA E	
STREET ADDRESS	1155 BUS CTR DR	
CITY-ST-ZIP	STANFORD CT	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HILTON, ROBERT G.	
STREET ADDRESS	155 BUS CTR DR	
CITY-ST-ZIP	HORSHAM PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GUZZETTI, LOUIS A., JR.	
STREET ADDRESS	1155 BUS CTR DR	
CITY-ST-ZIP	HORSHAM PA	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	HULL, JAMES C.	
STREET ADDRESS	1155 BUS CTR DR	
CITY-ST-ZIP	HORSHAM PA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	VP&S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Heller, Leon Z.
3.3 STREET ADDRESS	1155 Business Center Drive
3.4 CITY-ST-ZIP	Horsham, PA 19044
4.1 TITLE	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Davis, William B.
4.3 STREET ADDRESS	1155 Business Center Drive
4.4 CITY-ST-ZIP	Horsham, PA 19044
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	60000248534 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/13/98--01011--028
6.3 STREET ADDRESS	***150.00
6.4 CITY-ST-ZIP	

14. I 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 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:

[Signature]

CR2E034 (10/97)