

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 19 PM 12: 18

DOCUMENT # P39818 (0)

1. Corporation Name

ERM INFORMATION SERVICES, INC.

Principal Place of Business

**912 SPRINGDALE DR.
EXTON PA 19341
US**

Mailing Address

**912 SPRINGDALE DR.
EXTON PA 19341
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/28/1992

3a. Date of Last Report

04/29/1994

4. FEI Number

23-2317267

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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	PATTERSON, KENT E.
STREET ADDRESS	855 SPRINGDALE DRIVE
CITY - ST - ZIP	EXTON PA
TITLE	D
NAME	GARONZIK, ARNON
STREET ADDRESS	855 SPRINGDALE DRIVE
CITY - ST - ZIP	EXTON PA
TITLE	P
NAME	GURNHAM, BRIAN H.
STREET ADDRESS	855 SPRINGDALE DRIVE
CITY - ST - ZIP	EXTON PA
TITLE	S
NAME	HOPE, WILLIAM C
STREET ADDRESS	855 SPRINGDALE DRIVE
CITY - ST - ZIP	EXTON PA
TITLE	T
NAME	LORENZ, WILLIAM K.
STREET ADDRESS	855 SPRINGDALE DRIVE
CITY - ST - ZIP	EXTON PA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	☐ Change ☐ Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	☒ Change ☐ Addition
2 2 NAME	Jack C. Newell
2 3 STREET ADDRESS	855 Springdale Drive
2 4 CITY - ST - ZIP	Exton PA
3 1 TITLE	☐ Change ☐ Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	☒ Change ☐ Addition
4 2 NAME	S
4 3 STREET ADDRESS	Terance Bergen
4 4 CITY - ST - ZIP	912 Springdale Drive Exton PA
5 1 TITLE	☐ Change ☐ Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	☐ Change ☐ 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)(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; 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: **Brian E. Gurnham, President**

June 12, 1995

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #