

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000022642 (1)

1. Corporation Name

IV-ONE SERVICES, INC.

Principal Place of Business

285 W CENTRAL PKWY
SUITE 1719
ALTAMONTE SPRINGS FL 32714

Mailing Address

285 W CENTRAL PKWY
SUITE 1719
ALTAMONTE SPRINGS FL 32714-2554

FILED
May 02 1997 8:00am
Secretary of State



Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Incorporated or Qualified

03/25/1993

3a. Date of Last Report

02/07/1996

4. FEI Number

59-3172464

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

9. Name and Address of Current Registered Agent

MCINTYRE, MELISSA
285 W CENTRAL PARKWAY
SUITE 1719
ALTAMONTE SPRINGS FL 32714

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 607.1508, 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 VSD
NAME MCCORMICK, MICHAEL D.
STREET ADDRESS 10333 N. MERIDIAN ST, SUITE 300
CITY-ST-ZIP INDIANAPOLIS IN 46290

TITLE EVP
NAME SALENTINE, THOMAS J
STREET ADDRESS 10333 N MERIDIAN ST SUITE 300
CITY-ST-ZIP INDIANAPOLIS IN 46290

TITLE PCO
NAME MCINTYRE, MELISSA
STREET ADDRESS 285 W CENTRAL PARKWAY STE 1719
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE EVP
NAME WOODARD, WILLIAM
STREET ADDRESS 285 W CENTRAL PARKWAY STE 1719
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE CEO
NAME BINDLEY, WILLIAM E.
STREET ADDRESS 10333 N MERIDIAN ST STE 300
CITY-ST-ZIP INDIANAPOLIS IN 46290

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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:

MICHAEL D. MCCORMICK

4/14/97

3/7/298-9890

CR2E034 (9/96)