

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

FILED
Jan 30 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 # 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
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/25/1993	
21	26	4. FEI Number 59-3172464		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No *	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCINTYRE, MELISSA 285 W CENTRAL PARKWAY SUITE 1719 #8 ALTAMONTE SPRINGS FL 32714 *Included with BWI, Inc. & subsidiaries Intangible Tax Return.				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD <input type="checkbox"/> DELETE	1.1 TITLE	CEO, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCORMICK, MICHAEL D.	1.2 NAME	Robert L. Myers
STREET ADDRESS	10333 N. MERIDIAN ST, SUITE 300	1.3 STREET ADDRESS	10333 N. Meridian Street, Ste. 300
CITY-ST-ZIP	INDIANAPOLIS IN 46290	1.4 CITY-ST-ZIP	Indianapolis, IN 46290 <input type="checkbox"/> Addition
TITLE	EVP <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	SALENTINE, THOMAS J	2.2 NAME	
STREET ADDRESS	10333 N MERIDIAN ST SUITE 300	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANAPOLIS IN 46290	2.4 CITY-ST-ZIP	
TITLE	PCO <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTYRE, MELISSA	3.2 NAME	
STREET ADDRESS	285 W CENTRAL PARKWAY STE 1719	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	3.4 CITY-ST-ZIP	
TITLE	EVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP, CFO, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOODARD, WILLIAM	4.2 NAME	Donald J. Perfetto
STREET ADDRESS	285 W CENTRAL PARKWAY STE 1719	4.3 STREET ADDRESS	285 W. Central Parkway, Ste 1719
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	4.4 CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	CEOD <input type="checkbox"/> DELETE	5.1 TITLE	Chairman, Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINDLEY, WILLIAM E.	5.2 NAME	William E. Bindley
STREET ADDRESS	10333 N MERIDIAN ST STE 300	5.3 STREET ADDRESS	10333 N. Meridian Street, Ste. 300
CITY-ST-ZIP	INDIANAPOLIS IN 46290	5.4 CITY-ST-ZIP	Indianapolis, IN 46290 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Michael D. McCormick IRED 1/21/98 317 298-9810

CR2-034 (10/97)

**IV-ONE SERVICES, INC.
OFFICERS AND DIRECTORS**

William E. Bindley (317) 298-9890	Chairman, Director	1330 Regal Drive Carmel, IN 46032	308-38-2149	10-06-40	IN 8944-58-3639
Michael D. McCormick (317) 298-9890	Secretary, Director	11905 E. 500 S. Zionsville, IN 46077	317-48-9013	03-18-48	IN 8914-22-7679
Thomas J. Salentine (317) 298-9890	Director	13540 Brentwood Lane Carmel, IN 46033	397-36-7231	08-08-39	IN 8906-10-9611
Melissa McIntyre (407) 774-1448	President and Chief Operating Officer	3812 Old Lockwood Oviedo, FL 32765	263-67-8741	10-11-60	FL M 25354560871-0
Robert L. Myers (407) 774-1448	CEO, Director	34 N. Pine Circle Belleair, FL 34616	308-46-2766	05-13-45	FL M 62077245173-0
Donald J. Perfetto (407) 869-7001	VP, CFO, Treasurer	13001 Bell Creek Chase Riverview, FL 33569	316-50-5139	06-06-46	FL P 61319046206-0