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FILED

Apr 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000060234 (0)

1. Corporation Name

IHS DISTRIBUTION CORP.



Principal Place of Business

255 ALHAMBRA CIR.  
12TH FLOOR  
CORAL GABLES FL 33134  
US

Mailing Address

255 ALHAMBRA CIR.  
12 FLOOR  
CORAL GABLES FL 33134-7403  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified  
08/27/1993

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0450753

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

CT 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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CHADSEY, JACK B  
STREET ADDRESS 255 ALHAMBRA CIR.  
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE CEO  
NAME CHADSEY, JACK B  
STREET ADDRESS 255 ALHAMBRA CIR.  
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE ATSD  
NAME PITA, GEORGE L  
STREET ADDRESS 255 ALHAMBRA CIR.  
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE VPTD  
NAME PETERSON, LARRY  
STREET ADDRESS 255 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

TITLE CFO  
NAME PETERSON, LARRY  
STREET ADDRESS 255 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL ☒ DELETE

TITLE AS  
NAME MARBAN, MARLENE  
STREET ADDRESS 255 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL ☐ DELETE

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  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE V/T/D/CFO  
4.2 NAME Petersen, Larry  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☒ Change ☐ Addition

5.1 TITLE V/D  
5.2 NAME Grund, Edward L.  
5.3 STREET ADDRESS 255 Alhambra Circle  
5.4 CITY-ST-ZIP Coral Gables, FL 33134 ☐ Change ☒ Addition

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 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, unchanged, or on an attachment with an address.

SIGNATURE *[Signature]*

4/23/97 (305) 461-6101

CR2E034 (9/96)