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FILED  
May 19 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 # 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  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/27/1993

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

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

TITLE CEO ☒ DELETE

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

TITLE ATSD ☐ DELETE

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

TITLE VTDC ☐ DELETE

NAME PETERSEN, LARRY  
STREET ADDRESS 255 ALHAMBRA CIRCLE  
CITY-ST-ZIP CORAL GABLES FL

TITLE VD ☐ DELETE

NAME GRUND, EDWARD L.  
STREET ADDRESS 255 ALHAMBRA CIR  
CITY-ST-ZIP CORAL GABLES FL

TITLE AS ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME JOHN X. WATSON  
1.3 STREET ADDRESS 255 ALHAMBRA CIRCLE  
1.4 CITY-ST-ZIP CORAL GABLES, FL 33134

2.1 TITLE CEO ☐ Change ☒ Addition

2.2 NAME JOHN X. WATSON  
2.3 STREET ADDRESS 255 ALHAMBRA CIRCLE  
2.4 CITY-ST-ZIP CORAL GABLES, FL 33134

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  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE AS ☐ Change ☒ Addition

6.2 NAME MICHAEL T. CORNELIUS  
6.3 STREET ADDRESS 255 ALHAMBRA CIRCLE  
6.4 CITY-ST-ZIP CORAL GABLES, FL 33134

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.

MICHAEL T. CORNELIUS  
SECRETARY

CR2E034 (10/97)