

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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000060241 (5)**

1. Corporation Name  
**IHS PROCUREMENT CORP.**



Principal Place of Business <b>255 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33130</b>	Mailing Address <b>255 ALHAMBRA CIRCLE 12TH FLOOR CORAL GABLES FL 33130</b>
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DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified <b>08/27/1993</b>	
				4. FEI Number <b>65-0450962</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				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	

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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

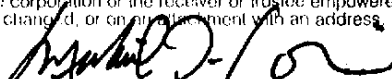
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHADSEY, JACK B			1.2 NAME	JOHN X. WATSON		
STREET ADDRESS	255 ALHAMBRA CIRCLE			1.3 STREET ADDRESS	255 ALHAMBRA CIRCLE		
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	CEO	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHADSEY, JACK B			2.2 NAME	JOHN X. WATSON		
STREET ADDRESS	255 ALHAMBRA CIRCLE			2.3 STREET ADDRESS	255 ALHAMBRA CIRCLE		
CITY-ST-ZIP	CORAL GABLES FL			2.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	ATSD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PITA, GEORGE L.			3.2 NAME			
STREET ADDRESS	255 ALHAMBRA CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			3.4 CITY-ST-ZIP			
TITLE	VTDC	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSEN, LARRY			4.2 NAME			
STREET ADDRESS	255 ALHAMBRA CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			4.4 CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARBAN, MARLENE			5.2 NAME	MICHAEL T. CORNELIUS		
STREET ADDRESS	255 ALHAMBRA CIRCLE			5.3 STREET ADDRESS	255 ALHAMBRA CIRCLE		
CITY-ST-ZIP	CORAL GABLES FL			5.4 CITY-ST-ZIP	CORAL GABLES, FL 33134		
TITLE	VD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRUND, EDWARD L.			6.2 NAME			
STREET ADDRESS	255 ALHAMBRA CIR			6.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			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 my statement with an address.

SIGNATURE: 

**MICHAEL I. CORNELIUS**  
**ASST. SECRETARY** 4/1/98 (308) 461-6223

CR2E034 (10/97)