

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000071724 (5)

1. Corporation Name
VISIONARY SYSTEMS CONSULTING, INC.



Principal Place of Business: **329 SARTO AVE. CORAL GABLES FL 33134-7219**
Mailing Address: **329 SARTO AVE. CORAL GABLES FL 33134-7219**

2. Principal Place of Business	2a. Mailing Address
21 [] Suite, Apt. #, etc.	26 [] Suite, Apt. #, etc.
22 [] City & State	27 [] City & State
23 [] Zip	28 [] Zip
24 [] Country	29 [] Country
25 []	30 []

3. Date Incorporated or Qualified 09/14/1995	3a. Date of Last Report
4. FEI Number 65-0616398	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 [X] No	

9. Name and Address of Current Registered Agent

**LING, PAUL
329 SARTO AVE.
CORAL GABLES FL 33134-7219**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(6), 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.06(2), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		[] DELETE
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		[] Change [X] Addition
1. TITLE	President	
2. NAME	Paul Ling	
3. STREET ADDRESS	329 Sarto Ave	
4. CITY-STATE-ZIP	Coral Gables, FL 33134-7219	
5. TITLE	Treasurer	[] Change [X] Addition
6. NAME	Paul Ling	
7. STREET ADDRESS	329 Sarto Ave	
8. CITY-STATE-ZIP	Coral Gables, FL 33134-7219	
9. TITLE	Secretary	[] Change [X] Addition
10. NAME	Heather Ling	
11. STREET ADDRESS	329 Sarto Ave	
12. CITY-STATE-ZIP	Coral Gables, FL 33134-7219	
13. TITLE		[] Change [] Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		[] Change [] Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntary, truthful and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplement 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 officer or partner, employee or agent of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of change or addition filed with this filing.

SIGNATURE: **Paul Ling / President 4/14/96**

CR2E034 (12/95)