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Feb 24, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000109132

1. Corporation Name
INFORMATION SYSTEMS RESOURCES, INC.



Principal Place of Business 1311-A PAUL RUSSELL ROAD SUITE 102 TALLAHASSEE FL 32301	Mailing Address 1311-A PAUL RUSSELL ROAD SUITE 102 TALLAHASSEE FL 32301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1311-A PAUL RUSSELL ROAD SUITE 102 TALLAHASSEE FL 32301		2a. Mailing Address 26 101 California St. SUITE 2050 SAN FRANCISCO, CA 94111	3. Date Incorporated or Qualified 01/01/1998	4. FEI Number 59-3497451	Applied For <input type="checkbox"/> Not Applicable
22 City & State		27 Suite 2050	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
23 City & State		28 San Francisco, CA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
24 Zip	25 Country	29 94111	30 US	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Thomas H. Edwards
STREET ADDRESS		1.3 STREET ADDRESS	1311-A Paul Russell Road
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Curtis J. Parker
STREET ADDRESS		2.3 STREET ADDRESS	101 California St., Ste. 2050
CITY-ST-ZIP		2.4 CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Lorraine E. Vega
STREET ADDRESS		3.3 STREET ADDRESS	101 California St., Ste. 2050
CITY-ST-ZIP		3.4 CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Nancy M. Wong
STREET ADDRESS		4.3 STREET ADDRESS	101 California St., Ste. 2050
CITY-ST-ZIP		4.4 CITY-ST-ZIP	San Francisco, CA 94111
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Daniel E. Jackson
STREET ADDRESS		5.3 STREET ADDRESS	101 California St., Ste. 2050
CITY-ST-ZIP		5.4 CITY-ST-ZIP	San Francisco, CA 94111

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, with all other like empowered.

SIGNATURE: Lorraine E. Vega Lorraine E. Vega, Secretary January 13, 1999 (415) 439-5111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)