**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 May 06 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V59458 INTERSTATE MANAGEMENT SERVICES CORPORATION Principal Place of Business Mailing Address P.O. BOX 2536 P.O. BOX 2536 DES PLAINES IL 60017 DES PLAINES IL 80017 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/24/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 36-3844891 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name WILLIAM HALEY BRANNON, BROWN, HALEY Street Address (P.O. Box Number is Not Acceptable) 10 NORTH COLUMBIA ST. 63 LAKE CITY FL 32056 84 City 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 Stonature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DIRECTOR/PRESIDENT/SECRETARY Addition DELETE 1.1 TITLE TITLE PATEL, ARVIND NAME 12 NAME ARVIND PATEL 4295 EISENHOWER CIRCLE 1.3 STREET ADDRESS STREET ADDRESS 4295 EISENHOWER CIRCLE HOFFMAN ESTATES IL 1.4 CITY-ST-ZIP CITY-ST-ZIP HOFFMAN ESTATES, IL. 601 67500 TITLE DELETE 2.1 TITLE PATEL, VARSHA A NAME 2.2 NAME 4295 EISENHOWER CR STREET ADDRESS 2.3 STREET ADDRESS HOFFMAN ESTATES IL CITY-ST-ZIP 2 4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

14. Thereby 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 to 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, orton an attachment with an address.

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

6 1 TITLE

6.2 NAME

**SIGNATURE:** 

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

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DELETE

CHARLES A

Addition

Change

CR2E034 (10/97)