

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001266 (5)**

1. Corporation Name

IMS INFRASTRUCTURE MANAGEMENT SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**3350 SALT CREEK LANE
SUITE 117
ARLINGTON HEIGHTS IL 60007** **3350 SALT CREEK LANE
SUITE 117
ARLINGTON HEIGHTS IL 60007**

3. Date Incorporated or Qualified 3a. Date of Last Report
03/14/1994 **N/A**

4. FEI Number Applied For / Not Applicable
36-3856440

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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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 Country

24. 25. 29. 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
STE. 105
TALLAHASSEE FL 32301**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 reappointing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **DP**
NAME: **MEJER, JAN**
STREET ADDRESS: **3350 SALT CREEK LANE, STE. 117**
CITY-ST-ZIP: **ARLINGTON HEIGHTS IL 60007**

1.1 TITLE: **President** Change Addition
1.2 NAME: **Dominick J. Gatto**
1.3 STREET ADDRESS: **3350 salt creek lane #117**
1.4 CITY-ST-ZIP: **Arlington Heights IL 60005**

TITLE: **V**
NAME: **HARDT, DONALD L**
STREET ADDRESS: **3350 SALT CREEK LANE, STE. 117**
CITY-ST-ZIP: **ARLINGTON HEIGHTS IL 60007**

2.1 TITLE: **Vice President** Change Addition
2.2 NAME: **David Butler**
2.3 STREET ADDRESS: **3350 salt creek lane #117**
2.4 CITY-ST-ZIP: **Arlington Heights IL 60005**

TITLE: **V**
NAME: **VON FELITZEN, PETER**
STREET ADDRESS: **3350 SALT CREEK LANE, STE. 117**
CITY-ST-ZIP: **ARLINGTON HEIGHTS IL 60007**

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS: **6621 Bay Circle #120**
3.4 CITY-ST-ZIP: **NOTCROSS GA 30071**

TITLE: **ST**
NAME: **CHRISTENSEN, JAKOB**
STREET ADDRESS: **3350 SALT CREEK LANE, STE. 117**
CITY-ST-ZIP: **ARLINGTON HEIGHTS IL 60007**

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS: **6621 Bay Circle #120**
4.4 CITY-ST-ZIP: **NOTCROSS GA 30071**

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 **4042426202**