

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORENDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001266 (5)**

1. Corporation Name

IMS INFRASTRUCTURE MANAGEMENT SERVICES, INC.



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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23

28

24 Zip

25 Country

29 Zip

30 Country

60005

60005

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
904 5551212

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Sign this type of procedure if registered agent for the corporation

Sign this type of procedure if registered agent for the corporation

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	DOMINICK, GATTO J.	
STREET ADDRESS	3350 SALT CREEK LANE, STE. 117	
CITY - ST - ZIP	ARLINGTON HEIGHTS IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAVID, BUTLER	
STREET ADDRESS	3350 SALT CREEK LANE, STE. 117	
CITY - ST - ZIP	ARLINGTON HEIGHTS IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VON FEILITZEN, PETER	
STREET ADDRESS	6621 BAY CIRCLE #120	
CITY - ST - ZIP	NORCROSS GA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, JAKOB	
STREET ADDRESS	3350 SALT CREEK LANE, STE. 117	
CITY - ST - ZIP	ARLINGTON HEIGHTS IL 60007	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	6621 BAY CIRCLE #120
4.4 CITY - ST - ZIP	NORCROSS GA 30071
5.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BRUCE JOHNSON
5.3 STREET ADDRESS	3350 SALT CREEK LANE #117
5.4 CITY - ST - ZIP	ARLINGTON HTS, IL 60005
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Jakob Christensen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

770 242 6202

Day, the Phone #

CR2E034 (12/95)