

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**May 09 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001266 (5)
1. Corporation Name
IMS INFRASTRUCTURE MANAGEMENT SERVICES, INC.



Principal Place of Business 3350 SALT CREEK LANE SUITE 117 ARLINGTON HEIGHTS IL 60005 US	Mailing Address 3350 SALT CREEK LANE SUITE 117 ARLINGTON HEIGHTS IL 60005-1089 US
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3. Date Incorporated or Qualified 03/14/1994	3a. Date of Last Report 04/26/1996
4. FEI Number 36-3856440	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
STE. 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE - Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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	VP	<input type="checkbox"/> DELETE
NAME	VON FELITZEN, PETER	
STREET ADDRESS	6621 BAY CIRCLE #120	
CITY-ST-ZIP	NORCROSS GA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	CHRISTENSEN, JAKOB	
STREET ADDRESS	6621 BAY CIRCLE, #120	
CITY-ST-ZIP	NORCROSS GA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JOHNSON, BRUCE	
STREET ADDRESS	3350 SALT CREEK LANE, #117	
CITY-ST-ZIP	ARLINGTON HTS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DIRECTOR
1.3 STREET ADDRESS	JAN ISAKSSON
1.4 CITY-ST-ZIP	3350 SALT CREEK LANE SUITE 117
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DIRECTOR
2.3 STREET ADDRESS	INGMAR OLOFSSON
2.4 CITY-ST-ZIP	3350 SALT CREEK LANE #117
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 checked, or on an attachment with an address.

SIGNATURE _____ DATE **4/20/97**

CR2E034 (9/96)