

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1995 MAY -1 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name INFORMATION HANDLING SERVICES INC.	DOCUMENT # P14530 (0)
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Mailing Address C/O T B G INC SVCS INC 1211 AVE OF THE AMERICAN NEW YORK, NY. 10037-17-2413	Principal Place of Business 17TH FL. C/O T B G INC SVCS INC. 1211 AVE OF THE AMERICAN NEW YORK, NY. 10037-17-2413
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If above addresses are incorrect in any way, file through incorrect information and enter correction below

2. Mailing Address 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Principal Place of Business 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/19/1987	3a. Date of Last Report 03/16/1993
4. FBI Number 22-2721160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit Exempt from \$138.75 Supplemental Fee <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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes

SIGNATURE _____ DATE _____
(Registered Agent Accounting Appointment) NOTE: Registered Agent signature required when re-registering

12. OFFICERS AND DIRECTORS

1.1 TITLE P	1.2 NAME TIMBERS, MICHAEL
1.3 STREET ADDRESS 2500 EAST QUINCY	1.4 CITY - ST - ZIP ENGLEWOOD CO
2.1 TITLE D	2.2 NAME CUTLER, RICHARD J.
2.3 STREET ADDRESS 190 FEN WAY	2.4 CITY - ST - ZIP SYOSSET NY
3.1 TITLE V	3.2 NAME LEVINE, ROBERT B.
3.3 STREET ADDRESS 124 S. MARION PLACE	3.4 CITY - ST - ZIP ROCKVILLE CENTRE NY
4.1 TITLE T/S	4.2 NAME MEYER, L. CHRISTOPHER
4.3 STREET ADDRESS 15 INVERNESS WAY EAST	4.4 CITY - ST - ZIP ENGLEWOOD CO
5.1 TITLE D	5.2 NAME TIMBERS, MICHAEL
5.3 STREET ADDRESS 2500 EAST QUINCY	5.4 CITY - ST - ZIP ENGLEWOOD CO
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME Robert L. Jordan
1.3 STREET ADDRESS 15 Inverness Way East	1.4 CITY - ST - ZIP Englewood, CO 80150
2.1 TITLE P	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY - ST - ZIP Same as the left
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY - ST - ZIP 700001478377 -05/08/95--01026--016 ****400.00 ****200.00
4.1 TITLE T/S/D	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY - ST - ZIP Same as the left
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY - ST - ZIP SEE 5-1-95

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 110.07(3)(4), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(4) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12, or Block 13 if changed or on an attachment with an address

SIGNATURE: Robert B. Levine **ROBERT B. LEVINE** 4/24/95 **VICE PRESIDENT** 212-850-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER