


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90025 042 ***150.00

DOCUMENT # P14530	
1. Entity Name INFORMATION HANDLING SERVICES INC.	

Principal Place of Business C/O INFORMATION HANDLING SERVICES TAX DEPT D300C ENGLEWOOD, CO 80112	Mailing Address 15 INVERNESS WAY EAST TAX DEPT D300C ENGLEWOOD, CO 80112
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01052004 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number 22-2721160	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE SD NAME GREEN, STEPHEN STREET ADDRESS 1350 AVENUE OF THE AMERICAS, # 840 CITY-ST-ZIP NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 1350 AVENUE OF THE AMERICAS #840 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME MULLINS, FRANCIS J STREET ADDRESS 15 INVERNESS WAY EAST, D300C CITY-ST-ZIP ENGLEWOOD, CO 80012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME CARPENTER, ROBERT R STREET ADDRESS 15 INVERNESS WAY EAST CITY-ST-ZIP ENGLEWOOD, CO 80112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE CFOD NAME SULLIVAN, MICHAEL J STREET ADDRESS 15 INVERNESS WAY EAST CITY-ST-ZIP ENGLEWOOD, CO 80112	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **01/08/2004** **303-397-2636**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **FRANCIS J. MULLINS** Daytime Phone #