

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

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Jun 20 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P93000079655 (5)  
1. Corporation Name  
IGI SERVICES, INC.



Principal Place of Business: 1415 E. PIEDMONT DRIVE SUITE 5 TALLAHASSEE FL 32312 US  
Mailing Address: 1415 E. PIEDMONT DRIVE SUITE 5 TALLAHASSEE FL 32312-2944 US

2. Principal Place of Business	2a. Mailing Address
21 1226 Commerce Street	26 1226 Commerce Street
22 Suite 300	27 Suite 300
23 Dallas, Texas	28 Dallas, Texas
24 75202	29 75202
25 USA	30 USA

3. Date Incorporated or Qualified	3a. Date of Last Report
11/18/1993	02/09/1996
4. FEI Number	Applied For
59-3213277	Not Applicable
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32315

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTSD	1.1 TITLE	PTD
NAME	DOYLE, JOHN A.	1.2 NAME	Doyle, John A.
STREET ADDRESS	280 PARK AVENUE, EAST BLDG. 20TH FLOOR	1.3 STREET ADDRESS	1226 Commerce Street, Suite 300
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	Dallas, Texas 75202
TITLE		2.1 TITLE	VS
NAME		2.2 NAME	LeDuc, Linda
STREET ADDRESS		2.3 STREET ADDRESS	1226 Commerce Street, Suite 300
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Dallas, Texas 75202
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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cc

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 changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CR2E034 (9/96)