

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004890

Entity Name: INFOGROUP INC.

Current Principal Place of Business:

1020 EAST 1ST STREET
PAPILLION, NE 68046

Current Mailing Address:

1020 EAST 1ST STREET
PAPILLION, NE 68046 US

FEI Number: 47-0751545

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name IACCARINO, MIKE
Address 16000 N DALLAS PKWY
 #575
City-State-Zip: DALLAS TX 75248

Title TREASURER
Name FANOUS, ZIAD
Address 16000 N DALLAS PKWY
 #575
City-State-Zip: DALLAS TX 75248

Title SECRETARY
Name TOOLEY, JEFF
Address 1020 EAST 1ST STREET
City-State-Zip: PAPILLION NE 68046

Title DIRECTOR
Name CARTER, CHRISTY
Address 1020 EAST 1ST STREET
City-State-Zip: PAPILLION NE 68046

Title DIRECTOR
Name CONE, STEVE
Address 1020 EAST 1ST STREET
City-State-Zip: PAPILLION NE 68046

Title DIRECTOR
Name HOLLINGSWORTH, JARVIS V.
Address 1020 EAST 1ST STREET
City-State-Zip: PAPILLION NE 68046

Title DIRECTOR
Name LIGHTMAN, STEVEN A.
Address 1020 EAST 1ST STREET
City-State-Zip: PAPILLION NE 68046

Title DIRECTOR
Name LYNCH, JON
Address 1020 EAST 1ST STREET
City-State-Zip: PAPILLION NE 68046

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFF TOOLEY

ASSISTANT SECRETARY 04/14/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MURRAY, STEVE
Address 1020 EAST 1ST STREET
City-State-Zip: PAPILLION NE 68046

Title DIRECTOR
Name O'BRIEN, KEVIN
Address 1020 EAST 1ST STREET
City-State-Zip: PAPILLION NE 68046

Title DIRECTOR
Name ZANNINO, RICH
Address 1020 EAST 1ST STREET
City-State-Zip: PAPILLION NE 68046

Title DIRECTOR
Name MYERS, ROBERT
Address 1020 EAST 1ST STREET
City-State-Zip: PAPILLION NE 68046

Title DIRECTOR
Name STURM, JIM
Address 1020 EAST 1ST STREET
City-State-Zip: PAPILLION NE 68046