

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002557 (5)

1. Corporation Name

INFORMATION AMERICA, INC.

Principal Place of Business

Mailing Address

ONE GEORGIA CENTER
600 W. PEACHTREE ST., N.W.
ATLANTA GA 30308-0

ONE GEORGIA CENTER
600 W. PEACHTREE ST., N.W.
ATLANTA GA 30308-0



3. Date Incorporated or Qualified
05/25/1995

3a. Date of Last Report

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

25

29

30

4. FEI Number

41-1791394

Applied for

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

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GOLDSTEIN, BURTON B JR
STREET ADDRESS ONE GEORGIA CENTER
CITY-ST-ZIP ATLANTA GA 30308

TITLE VD
NAME NELSON, GRANT E
STREET ADDRESS ONE GEORGIA CENTER
CITY-ST-ZIP ATLANTA GA 30308

TITLE S
NAME ALPERIN, JEFFREY
STREET ADDRESS ONE GEORGIA CENTER
CITY-ST-ZIP ATLANTA GA 30308

TITLE T
NAME SCHREINER, LESLIE H
STREET ADDRESS ONE GEORGIA CENTER
CITY-ST-ZIP ATLANTA GA 30308

TITLE DC
NAME OPPERMAN, DWIGHT D
STREET ADDRESS 610 OPPERMAN DR.
CITY-ST-ZIP EAGAN MN 55123

TITLE DC
NAME OPPERMAN, VANCE K
STREET ADDRESS 610 OPPERMAN DR.
CITY-ST-ZIP EAGAN MN 55123

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/96 404-892-1800

CR2E034 (3/96)