FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F95000002557 (5)**

1. Corporation Name
INFORMATION AMERICA, INC.

Principal Place of Business	Mailing Address
245 PEACHTREE CENTER AVENUE SUITE 1400 ATLANTA GA 30303	245 PEACHTREE CENTER AVENUE SUITE 1400 ATLANTA GA 30303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1995

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPCD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BECKINGHAM, DENNIS J		1.2 NAME	
STREET ADDRESS	610 OPPERMAN DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	EAGAN MN 55123		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	XX Change ☐ Addition
NAME	GOLDSTEIN, BURTON B JR.		2.2 NAME	
STREET ADDRESS	600 WEST PEACHTREE, N.W., SUITE 1200		2.3 STREET ADDRESS	245 Peachtree Center Ave., Suite 1400
CITY-ST-ZIP	ATLANTA GA 30308		2.4 CITY-ST-ZIP	Atlanta, GA 30303
TITLE	VPAS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FRIEDLAND, EDWARD A		3.2 NAME	
STREET ADDRESS	ONE STATION PLACE, 4TH FLOOR		3.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HALL, BRIAN H		4.2 NAME	
STREET ADDRESS	610 OPPERMAN DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	EAGAN MN 55123		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, MICHAEL S		5.2 NAME	
STREET ADDRESS	ONE STATION PLACE		5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06902		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MILLS, ANDREW G		6.2 NAME	
STREET ADDRESS	22 PITTSBURGH STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02210		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. 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 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: [signature] 3/27/98 404-479-6500