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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002557

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 Qualifed: 05/25/1995

4. FEI Number: 41-1791394 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

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

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	VP/CFO	XX 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	XX DELETE	2.1 TITLE	VP/Treasurer	XX Change XX Addition
NAME	GOLDSTEIN, BURTON B JR.		2.2 NAME	Leslie H. Schreiner	
STREET ADDRESS	245 PEACHTREE CENTER AVE, SUITE 1400		2.3 STREET ADDRESS	245 Peachtree Center Ave., Suite 1400	
CITY-ST-ZIP	ATLANTA GA 30303		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	XX DELETE	6.1 TITLE	Director	XX Change XX Addition
NAME	MILLS, ANDREW G		6.2 NAME	David Oliveri	
STREET ADDRESS	22 PITTSBURGH STREET		6.3 STREET ADDRESS	50 Broad St., East	
CITY-ST-ZIP	BOSTON MA 02210		6.4 CITY-ST-ZIP	Rochester, NY 14694	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Leslie H. Schreiner FILED 1/29/99 404-479-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Leslie H. Schreiner