

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Sep 14, 2006 8:00 am
Secretary of State

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09082006 No Chg-P CR2E034 (11/05)

DOCUMENT # F97000000672
 1. Entity Name
 INFOUSA MARKETING, INC.



Principal Place of Business
 5711 SOUTH 86TH CIRCLE
 OMAHA, NE 68127

Mailing Address
 5711 SOUTH 86TH CIRCLE
 OMAHA, NE 68127

DO NOT WRITE IN THIS SPACE

4. FEI Number
 47-0794710

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$550.00
Due by September 15, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUPTA, VINED 5711 S 86TH CIRCLE OMAHA, NE 68127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VAKILI, FRED 5711 S 86TH CIRCLE OMAHA, NE 68127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STORMY, DEAN 5711 S. 86TH CIRCLE OMAHA, NE 68127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **2-11-06** **402-593-4800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #