

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

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90069 003 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F97000000672**

1. Corporation Name  
**AMERICAN BUSINESS INFORMATION MARKETING, INC.**



Principal Place of Business Mailing Address  
**5711 SOUTH 86TH CIRCLE 5711 SOUTH 86TH CIRCLE**  
**OMAHA NE 68127 OMAHA NE 68127**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**02/07/1997**

4. FEI Number **47-0794710** 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 the current year Intangible Personal Property Tax.  Yes  No

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

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEVE PURCELL</b>	
STREET ADDRESS	<b>5711 SOUTH 86TH CIRCLE</b>	
CITY-ST-ZIP	<b>OMAHA NE 68127</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WELLMAN, JON</b>	
STREET ADDRESS	<b>5711 SOUTH 86TH CIRCLE</b>	
CITY-ST-ZIP	<b>OMAHA NE 68127</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>DEAN, STORMY L</b>	
STREET ADDRESS	<b>5711 SOUTH 86TH CIRCLE</b>	
CITY-ST-ZIP	<b>OMAHA NE 68127</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>Remon Gupta</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Vinod Gupta</b>	
2.3 STREET ADDRESS	<b>5711 S. 86th Circle</b>	
2.4 CITY-ST-ZIP	<b>Omaha, NE 68127</b>	
3.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Fred Vakili</b>	
3.3 STREET ADDRESS	<b>5711 S. 86th Circle</b>	
3.4 CITY-ST-ZIP	<b>Omaha, NE 68127</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Stormy L. Dean* **Stormy L. Dean** Date: **2-15-99** Daytime Phone #: **(402) 593-4500**

CR2E034 (1/198)