2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jul 18, 2000 8:00 am Secretary of State DOCUMENT # F97000004875 INFORMATION DECISIONS, INC. 07-18-2000 90020 041 ***550.00 Principal Place of Business ... Mailing Address 4695 44TH ST 4695 44TH ST **STE B-130** STE B-130 **GRAND RAPIDS MI 49512-4061** GRAND RAPIDS MI 49512 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 38-2902506 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name≈ **BUDEL, FRANZ** Street Address (P.O. Box Number is Not Acceptable) 8007 CANYON LAKE CIRCLE ORLANDO FL 32835 Zip Code 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITI F ☐ Change Addition Delete TITLE NAME NAME SWEETLAND, MARK STREET ADDRESS STREET ADDRESS 4695 44TH ST, STE B130 CITY-ST-ZIP CITY-ST-ZIP **GRAND RAPIDS MI 49512** ☐ Change ☐ Addition ☐ Delete TITLE WEATHERFORD, TIM NAME NAME STREET ADDRESS STREET ADDRESS 6666 E. 75TH ST, SUITE 110 CITY-ST-ZIP CITY-ST-ZIP **INDIANAPOLIS IN 46250** Change ☐ Addition ☐ Delete **CFOV** TITLE MULLANEY, JOSEPH P ÑAME NAME STREET ADDRESS STREET ADDRESS 4695 44TH ST, STE B130 CITY-ST-ZIP CITY-ST-ZIP **GRAND RAPIDS MI 49512** ☐ Change ☐ Addition TITLE ☐ Delete TITLE MULLANEY, JOSEPH P NAME NAME STREET ADDRESS STREET ADDRESS 4695 44TH ST, STE B130 CITY-ST-ZIP CITY-ST-ZIP **GRAND RAPIDS MI 49512** ☐ Delete TITLE Change ■ Addition CAS TITLE NAME NAME yansak, jan STREET ADDRESS STREET ADDRESS 4695 44TH ST. STE B130 CITY-ST-ZIP CITY-ST-7IP **GRAND RAPIDS MI 49512** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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