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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000023557 (0)

1. Corporation Name
INSURANCE DATA RESOURCES, INC.

Principal Place of Business
C/O KATHY DUDIN
201 E. KENNEDY STE. #2050
TAMPA FL 33602

Mailing Address
C/O KATHY DUDIN
201 E. KENNEDY STE. #2050
TAMPA FL 33602-5828



2. Principal Place of Business
21 5355 TOWN CENTER RD
Suite, Apt. #, etc.

2a. Mailing Address
26 5355 TOWN CENTER RD
Suite, Apt. #, etc.

22 City & State
23 BOCA RATON, FLORIDA
24 Zip 33486 25 Country USA

27 City & State
28 BOCA RATON FLORIDA
29 Zip 33486 30 Country USA

3. Date Incorporated or Qualified 03/30/1993
3a. Date of Last Report 02/20/1996

4. FEI Number 65-0401569
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CAMILLERI, MICHAEL
888 S.E. 3RD AVE.
SUITE 500
FT. LAUDERDALE FL 33335-9002

10. Name and Address of New Registered Agent

81 Name SAME
82 Street Address (P.O. Box Number is Not Acceptable) 5355 TOWN CENTER RD
83
84 City BOCA RATON FL 85 Zip Code 33486

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D, C	☐ DELETE
NAME	BEEDIE, JAMES	
STREET ADDRESS	310 S. MICHIGAN AVE., SUITE 1900	
CITY-ST-ZIP	CHICAGO IL 60604	
TITLE	DP	☒ DELETE
NAME	DUDIN, KATHY	
STREET ADDRESS	201 E. KENNEDY, STE. 2050	
CITY-ST-ZIP	TAMPA FL	
TITLE	D VC	☐ DELETE
NAME	MURRAY, MARTHA W	
STREET ADDRESS	1630 MARKET ST., SUITE 3400	
CITY-ST-ZIP	PHILADELPHIA PA 19103	
TITLE	DSX CEO	☐ DELETE
NAME	REICHERT, DOUG	
STREET ADDRESS	1133 21ST STREET, N.W., STE. 600	
CITY-ST-ZIP	WASHINGTON DC	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	DIRECTOR + EXEC. V.P.	☐ Change ☒ Addition
12 NAME	KRISTINE BEAN	
13 STREET ADDRESS	310 S. Michigan Ave, Suite 1900	
14 CITY-ST-ZIP	Chicago, IL 60604	
21 TITLE	TREASURER, V.P.	☐ Change ☒ Addition
22 NAME	TIMOTHY D. KINGSBURY	
23 STREET ADDRESS	310 S. Michigan Ave, Suite 1900	
24 CITY-ST-ZIP	Chicago, IL 60604	
31 TITLE	Secretary, V.P.	☐ Change ☒ Addition
32 NAME	MARVIN A. TENENBAUM	
33 STREET ADDRESS	310 S. Michigan, Suite 1900	
34 CITY-ST-ZIP	Chicago, IL 60604	
41 TITLE	PRESIDENT	☐ Change ☒ Addition
42 NAME	MICHAEL CAMILLERI	
43 STREET ADDRESS	5355 TOWN CENTER RD	
44 CITY-ST-ZIP	BOCA RATON, FL 33486	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do 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 reported 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:

Marvin A. Tenenbaum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97

312-347-5914

CR2E034 (9/96)