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

PROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Jun 11 1998 8:00am
Secretary of State

DOCUMENT # P93000023557 (0)

1. Corporation Name
INSURANCE DATA RESOURCES, INC.

Principal Place of Business
5355 TOWN CENTER RD.
SUITE 905
BOCA RATON FL 33486
US

Mailing Address
5355 TOWN CENTER RD.
SUITE 905
BOCA RATON FL 33486
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 5200 Town Center Cir.	26 5200 Town Center Cir.
Suite, Apt. #, etc. 22 Suite 500	Suite, Apt. #, etc. 27 Suite 500
City & State 23 Boca Raton, Florida	City & State 28 Boca Raton, Florida
Zip 24 33486 / Country 25 Palm Beach	Zip 29 33486 / Country 30 Palm Beach

3. Date Incorporated or Qualified: 03/30/1993

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~LOVGREN, LORI~~
~~888 SE THIRD AVENUE~~
SUITE 500
FORT LAUDERDALE FL 33335-9002

LISA KROUSE
I DR
5200 TOWN CENTER RD
BOCA RATON, FL 33486

10. Name and Address of New Registered Agent

81 Name: LISA KROUSE
82 Street Address (P.O. Box Number is Not Acceptable): INSURANCE DATA RESOURCES, INC.
83 5200 TOWN CENTER CIR. - SUITE 500
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 [signature] Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 3/20/98

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CD	BEEDIE, JAMES	310 S. MICHIGAN AVE., SUITE 1900	CHICAGO IL 60604	☐
VCMD	MURRAY, MARTHA W	1630 MARKET STREET, SUITE 3400	PHILADELPHIA PA 19103	☐
VCMD	REICHERT, DOUGLAS	1133 21ST STREET NW, SUITE 600	WASHINGTON DC 20036	☐
PD	CAMILLERI, MICHAEL	~~1133 21ST STREET, N.W., STE. 600~~	~~WASHINGTON DC 20036~~	☐
TVP	KINGSBURY, TIMOTHY D.	310 S. MICHIGAN AVE., STE. 1900	CHICAGO IL	☐
SVP	TENENBAUM, MARVIN A.	310 S. MICHIGAN, STE. 1900	CHICAGO IL	☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

No.	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
1					☐	☐
2					☐	☐
3					☐	☐
4	President	Camilleri, Michael	5200 Town Center Cir., S-500	Boca Raton, FL 33486	☒	☐
5					☐	☐
6					☐	☐

CR2E034 (10/97)

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.

SIGNATURE: [signature] (561) 416-3076