SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

AMENDED AND FILED

99 AUG -5 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000086

PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **P93000023557**

1. Corporation Name
INSURANCE DATA RESOURCES, INC.

Principal Place of Business	Mailing Address
5200 TOWN CENTER CIR SUITE 500 BOCA RATON FL 33486 US	5200 TOWN CENTER CIR. SUITE 500 BOCA RATON FL 33486 US

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LISA KROUSE
INSURANCE DATA RESOURCES, INC.
5200 TOWN CENTER CIR. SUITE 500
BACA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name: CT Corporation System ~~Insurance Data RResources, Inc.~~
82 Street Address (P.O. Box Number is Not Acceptable): C/O CT Corporation System
83: 1200 S. Pine Island Road
84 City: Plantation FL 85 Zip Code: 33324

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: Connie Bryan Spec. Asst. Secy. 8/5/99
Signature of new registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD BEEDIE, JAMES 310 S. MICHIGAN AVE., SUITE 1900 CHICAGO IL 60604	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition See Attachment
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCMD MURRAY, MARTHA W 1630 MARKET STREET, SUITE 3400 PHILADELPHIA PA 19103	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition See Attachnebnt 000002955280--9 -08/10/99--01017--025 ****558.75 ☐ Change ****958.75 Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCMD REICHERT, DOUGLAS 1133 21ST STREET NW, SUITE 600 WASHINGTON DC 20036	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	See Attachment
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAMILLERI, MICHAEL 5200 TOWN CENTER CIR., S-500 BOCA RATON FL 33486	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVP KINGSBURY, TIMOTHY D. 310 S. MICHIGAN AVE., STE. 1900 CHICAGO IL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition See Attachment 8/5/99
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVP TENENBAUM, MARVIN A. 310 S. MICHIGAN, STE. 1900 CHICAGO IL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition See Attachment

CR2E034 (5/99)

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: Thomas D. Langlie Secretary 8/4/99 212-888-6679

(2)

INSURANCE DATA RESOURCES (IDR)
LIST OF DIRECTORS AND OFFICERS
1999

Director	Fred Marcon 7 World Trade Center, 17th Floor New York, New York 10048
Secretary	James Langell 7 World Trade Center, 17th Floor New York, New York 10048
President	Michael Camilleri 5200 Town Center Circle Suite 500 Boca Raton, Florida 33496
Vice President & Chief Operating Officer	Anthony Grippa 5200 Town Center Circle Suite 500 Boca Raton, Florida 33496