

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2002 8:00 am**  
**Secretary of State**

09-18-2002 90053 032 \*\*\*550.00

**DOCUMENT # F00000004965**

1. Entity Name  
**INFORMATION LEASING CORPORATION**

Principal Place of Business  
**ONE EAST FOURTH STREET  
 CINCINNATI OH 45202**

Mailing Address  
**ONE EAST FOURTH STREET  
 CINCINNATI OH 45202**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip

City & State  
 Zip

4. FEI Number **31-1109151**

Applied For  
 Not Applicable

Country

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	CD	<input type="checkbox"/> Delete
NAME	HOVERSON, ROBERT L	
STREET ADDRESS	ONE EAST 4TH STREET	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	P	<input type="checkbox"/> Delete
NAME	RINALDI, VINCENT D	
STREET ADDRESS	ONE EAST 4TH STREET	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	HIRT, DENNIS L	
STREET ADDRESS	ONE EAST 4TH STREET	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MAGEE, MARK E	
STREET ADDRESS	ONE EAST 4TH STREET	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	RINALDI, ROBERT J	
STREET ADDRESS	ONE EAST 4TH STREET	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROONEY, MICHAEL R	
STREET ADDRESS	ONE EAST 4TH STREET	
CITY-ST-ZIP	CINCINNATI OH	

TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIBSON, MICHAEL K	
STREET ADDRESS	ONE EAST 40 ST.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 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.

SIGNATURE: MICHAEL K GIBSON **9-17-02 513-579-2767**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)