


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90242 044 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F0000006701				90123506	
1. Entity Name DEALERTRACK.COM, INC.					
Principal Place of Business 105 MAXESS ROAD SUITE N109 MELVILLE, NY 11747		Mailing Address 105 MAXESS ROAD SUITE N109 MELVILLE, NY 11747		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES 4. FEI Number <b>13-4115448</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent			
		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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when existing))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCHAN, NORMAN		NAME	See attached sheet.	
STREET ADDRESS	900 STEWART AVENUE		STREET ADDRESS		
CITY-ST-ZIP	GARDEN CITY, NY 11530		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGAN, ANTHONY T		NAME		
STREET ADDRESS	900 STEWART AVENUE		STREET ADDRESS		
CITY-ST-ZIP	GARDEN CITY, NY 11530		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Edin J. [Signature]</u>		4/30/03		(631) 486-1600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ORF034 (10/02)

Attachment

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**Officers and Directors List**

**DealerTrack, Inc.**

<b>Name</b>	<b>Title</b>	<b>Address</b>
Michael Barrington	D	801 Cherry Street Suite 3900 Fort Worth, TX 76102
Norman Buchan	D	900 Stewart Avenue 6 <sup>th</sup> Floor Garden City, NY 11530
Carty Chock	D	1221 Avenue of the Americas, 40 <sup>th</sup> Floor New York, NY 10020
Mary Cirillo-Goldberg	D	660 Madison Avenue 14 <sup>th</sup> Floor New York, NY 10021
Lou Cosso	D	550 California St., 7 <sup>th</sup> Floor San Francisco, CA 94104
Robert Cox	V/T	105 Maxess Road Suite N109 Melville, NY 11747
Steven Dietz	D	2121 Avenue of the Stars Suite 1630 Los Angeles, CA 90067
Charles Giglia	V	105 Maxess Road Suite N109 Melville, NY 11747
Eric Jacobs	V/S	105 Maxess Road Suite N109 Melville, NY 11747
Ed Jen	V	105 Maxess Road Suite N109 Melville, NY 11747
Rich McLeer	V	105 Maxess Road Suite N109

April 30, 2003

Attachment

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Name	Title	Address
		Melville, NY 11747
Mark O'Neil	P/D	105 Maxess Road Suite N109 Melville, NY 11747
Dave Lawson	D	3901 Dallas Parkway Plano, TX 75093
Gary Perdue	V	105 Maxess Road Suite N109 Melville, NY 11747
David Power	D	2625 Townsgate Road Westlake Village, CA 91361
Deb Senkier	V	105 Maxess Road Suite N109 Melville, NY 11747
Howard Tischler	D	135 National Business Parkway Annapolis Junction, MD 20701
Tom Wolfe	D	23 Pasteur Irvine, CA 92618