

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005655 (3)
 1. Corporation Name
AUTO-BY-TEL CORPORATION



Principal Place of Business 18872 MACARTHUR BOULARD SUITE 200 IRVINE CA 92612-1400	Mailing Address 18872 MACARTHUR BOULARD SUITE 200 IRVINE CA 92612-1400
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/31/1996	
21 Suite, Apt #, etc.	22 City & State	23 Zip	24 Country	25	26
21		26		4. FEI Number 33-0711569	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ DATE _____
 Signature typed or printed name of registrant, agent and filer if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CCOB	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDROSIAN, JOHN C	1.2 NAME	
STREET ADDRESS	18872 MACARTHUR BLVD 2ND FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92612-1400	1.4 CITY-ST-ZIP	
TITLE	PCEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLIS, PETER	2.2 NAME	
STREET ADDRESS	18872 MACARTHUR BLVD 2ND FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92612-1400	2.4 CITY-ST-ZIP	
TITLE	EVD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIMES, ROBERT S	3.2 NAME	
STREET ADDRESS	18872 MACARTHUR BLVD 2ND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92612-1400	3.4 CITY-ST-ZIP	
TITLE	VFP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, BRIAN B	4.2 NAME	
STREET ADDRESS	18872 MACARTHUR BLVD 2ND FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA	4.4 CITY-ST-ZIP	
TITLE	VDOO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLSPERMANN, W R	5.2 NAME	
STREET ADDRESS	18872 MACARTHUR BLVD 2ND FL	5.3 STREET ADDRESS	
CITY-ST-ZIP	IRVINE CA 92612-1400	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, JEFFREY H	6.2 NAME	
STREET ADDRESS	260 LONG RIDGE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06927	6.4 CITY-ST-ZIP	

Michael S. Lowell
 Chief Financial Officer
 18872 MacArthur Blvd. #200
 Irvine, CA 92612-1400

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: *Michael CFO* 3-20-98 714-225-4500

CR2E034 (10/97)