

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY -1 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P39589 (7)
 1. Corporation Name
LEARDATA INFO SERVICES, INC.

Principal Place of Business Mailing Address
5910 N. Central Expressway, Suite 1900
Dallas, TX 75206

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/09/1992** 3a. Date of Last Report **04/19/1994**
 4. FEI Number **75-2224956** 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 has liability for franchise fees under § 189.002, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SO. PINE ISLAND RD.,
PLANTATION, FL 33324

10. Name and Address of New Registered Agent
 B1 Name
 B2 Street Address (P.O. Box Number is Not Acceptable)
 B3
 B4 City **FL** B5 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME SMITH, BRUCE M. STREET ADDRESS 5910 N CENTRAL EXPWY. #1900 CITY, ST, ZIP DALLAS, TX 75206		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100001482621 -05/10/95--01060--013 ****200.00 ****200.00
TITLE VP NAME SMITH, CHRIS P. STREET ADDRESS 5910 N CENTRAL EXPWY, #1900 CITY, ST, ZIP DALLAS, TX 75206		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME KUHLER, BARBARA STREET ADDRESS 5910 N CENTRAL EXPWY, #1900 CITY, ST, ZIP DALLAS, TX 75206		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 190.12(9)(b), Florida Statutes. I further certify that the information obligated 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 person or person 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 attached list with an address.

SIGNATURE *Barbara A. Kuhler*
 SIGNATURE AND TYPED OR PRINTED NAME OF BARROW, FICHER OR DIRECTOR

4/17/95 (214) 360-9008
 Date: Daytime Phone: