

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

FILED

**Apr 06 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 # P39589 (7)

1. Corporation Name
LEARDATA INFO-SERVICES, INC.



Principal Place of Business 5910 CENTRAL EXPRESSWAY, SUITE 1900 DALLAS TX 75206	Mailing Address 5910 CENTRAL EXPRESSWAY, SUITE 1900 DALLAS TX 75206
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/09/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-2224956	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	
				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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, BRUCE M	1.2 NAME	CONNELL, DAVID M.
STREET ADDRESS	5910 N CENTRAL EXPWY, SUITE 1900	1.3 STREET ADDRESS	4400 MACARTHUR BLVD., STE. 600
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHRIS P	2.2 NAME	SMITH, BRUCE M.
STREET ADDRESS	5910 N CENTRAL EX PWY, SUITE 1900	2.3 STREET ADDRESS	5910 N. CENTRAL EXPWY, SUITE 1900
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	DALLAS, TX 75206
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S/T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUHLER, BARBARA	3.2 NAME	PIRAINO, MICHAEL A.
STREET ADDRESS	5910 N CENTRAL EXPWY, SUITE 1900	3.3 STREET ADDRESS	4400 MACARTHUR BLVD., STE. 600
CITY-ST-ZIP	DALLAS TX	3.4 CITY-ST-ZIP	NEWPORT BEACH, CA 92660
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	CTR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	BARBARA KUHLER
STREET ADDRESS		4.3 STREET ADDRESS	5910 N. CENTRAL EXPWY, SUITE 1900
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DALLAS, TX 75206
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	STEVEN P. DONALDSON
STREET ADDRESS		5.3 STREET ADDRESS	5910 N. CENTRAL EXPWY, SUITE 1900
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DALLAS, TX 75206
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

CR2E034 (10/97)