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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90110 018 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P39589**

1. Corporation Name
LEAR DATA INFO-SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **5910 CENTRAL EXPRESSWAY, SUITE 1900 DALLAS TX 75206**
 Mailing Address: **5910 CENTRAL EXPRESSWAY, SUITE 1900 DALLAS TX 75206**

3. Date Incorporated or Qualified: **07/09/1992**
 4. FEI Number: **75-2224956**
 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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: **21**
 2a. Mailing Address: **26 18301 Von Karman**
 Suite, Apt. #, etc.: **27 600**
 City & State: **28 Irvine, CA**
 Zip: **29 92612** Country: **30 USA**

9. Name and Address of Current Registered Agent
NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	President Director
NAME	CONNELL, DAVID M	1.2 NAME	Connell David M.
STREET ADDRESS	4400 MACARTHUR BLVD SUITE 600	1.3 STREET ADDRESS	18301 Von Karman, Suite 600
CITY-ST-ZIP	NEW PORT BEACH CA 92660	1.4 CITY-ST-ZIP	Irvine, CA 92612
TITLE	VPD	2.1 TITLE	VP, Secretary, Treasurer, Dir
NAME	SMITH, BRUCE M	2.2 NAME	Adams, James A
STREET ADDRESS	5910 N CENTRAL EXPWY SUITE 1900	2.3 STREET ADDRESS	18301 Von Karman, Suite 600
CITY-ST-ZIP	DALLAS TX 75206	2.4 CITY-ST-ZIP	Irvine, CA 92612
TITLE	STD	3.1 TITLE	Asst. Secretary
NAME	PIRAINO, MICHAEL A	3.2 NAME	Suiter Paulatte J.
STREET ADDRESS	4400 MACARTHUR BLVD SUITE 600	3.3 STREET ADDRESS	18301 Von Karman, Suite 600
CITY-ST-ZIP	NEWPORT BEACH CA 92660	3.4 CITY-ST-ZIP	Irvine, CA 92612
TITLE	CTR	4.1 TITLE	VP, General Counsel, Sec.
NAME	KUHLER, BARBARA	4.2 NAME	Tipton, Richard D.
STREET ADDRESS	5910 N CENTRAL EXPWY SUITE 1900	4.3 STREET ADDRESS	18301 Von Karman, Suite 600
CITY-ST-ZIP	DALLAS TX 75206	4.4 CITY-ST-ZIP	Irvine, CA 92612
TITLE	VP	5.1 TITLE	
NAME	DONALDSON, STEVEN P	5.2 NAME	
STREET ADDRESS	5910 N CENTRAL EXPWY SUITE 1900	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75206	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 its 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, with all other like empowered.

SIGNATURE: Paulatte J. Suiter 4/29/99 (949) 553-1102
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)