

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90019 006 ***550.00

DOCUMENT # P39589

1. Entity Name
LEARDATA INFO-SERVICES, INC.

A0072753



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 5910 CENTRAL EXPRESSWAY, SUITE 1900 DALLAS TX 75206
Mailing Address: 18301 VON KARMAN 600 IRVINE CA 92612-0188

2. Principal Place of Business: 31440 NORTHWESTERN
3. Mailing Address: 31440 NORTHWESTERN
Suite, Apt. #, etc.

City & State: Farmington Hills, MI
City & State: Farmington Hills, MI
4. FEI Number: 75-2224956
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: NRAI SERVICES, INC. 526 EAST PARK AVE. TALLAHASSEE FL 32301
7. Name and Address of New Registered Agent: [Blank]

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.
SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so:
10. Election, Campaign Financing, Trust Fund Contribution: \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: VP NAME: CONNELL, DAVID M STREET ADDRESS: 4400 MACARTHUR BLVD SUITE 600 CITY-ST-ZIP: NEW PORT BEACH CA 92660	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: ELIOT STARK STREET ADDRESS: 31440 NORTHWESTERN CITY-ST-ZIP: FARMINGTON HILLS, MI 48334-2564	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPD NAME: SMITH, BRUCE M STREET ADDRESS: 5910 N CENTRAL EXPWY SUITE 1900 CITY-ST-ZIP: DALLAS TX 75206	<input checked="" type="checkbox"/> Delete	TITLE: VSD NAME: THOMAS COSTELLO, JR. STREET ADDRESS: 31440 NORTHWESTERN CITY-ST-ZIP: FARMINGTON HILLS, MI 48334-2564	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPST NAME: ADAMS, JAMES A STREET ADDRESS: 18301 VAN KARMAN, SUITE 600 CITY-ST-ZIP: IRVINE CA 92612	<input checked="" type="checkbox"/> Delete	TITLE: T NAME: LAURA FOURNIER STREET ADDRESS: 31440 NORTHWESTERN CITY-ST-ZIP: FARMINGTON HILLS, MI 48334-2564	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: AS NAME: SUITER, PAULETTE J STREET ADDRESS: 18301 VAN KARMAN, SUITE 600 CITY-ST-ZIP: IRVINE CA 92612	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPGC NAME: TIPTON, RICHARD D STREET ADDRESS: 18301 VAN KARMAN, SUITE 600 CITY-ST-ZIP: IRVINE CA 92612	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Laura Fournier LAURA FOURNIER/TREASURER Date: 6/16/00 Daytime Phone #: 7300

CP2E034 (9/99)

248-737