

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000004890

Entity Name: INFOGROUP INC.**Current Principal Place of Business:**4966 BONSAI CIR #106
PALM BEACH, FL 33418**Current Mailing Address:**1020 ERAST 1ST STREET
PAPILLION, NE 33418**FEI Number:** 47-0751545**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CDP
Name	IACCARINO, MICHAEL
Address	1020 EAST 1ST STREET
City-State-Zip:	PAPILLION NE 68046

Title	CFO
Name	MILLS, JOHN
Address	1020 EAST 1ST STREET
City-State-Zip:	PAPILLION NE 68046

Title	SECRETARY
Name	WEATHERSBY, BOB
Address	1020 EAST 1ST STREET
City-State-Zip:	PAPILLION NE 68046

Title	ASST. TREASURER
Name	TYLER, SHERMAN
Address	1020 EAST 1ST STREET
City-State-Zip:	PAPILLION NE 68046

Title	DIRECTOR
Name	IACCARINO, MIKE
Address	1020 EAST 1ST STREET
City-State-Zip:	PAPILLION NE 68046

Title	DIRECTOR
Name	MILLS, JOHN
Address	1020 EAST 1ST STREET
City-State-Zip:	PAPILLION NE 68046

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SHERMAN TYLER**ASST TREASURER****04/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date