

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 493767

1. Entity Name

Corporation Information Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1201 Hays Street

3. Mailing Address
2711 Centerville Rd

Suite, Apt. #, etc.
PO Box 5828

Suite, Apt. #, etc.
Suite 400

City & State
Tallahassee, FL

City & State
Wilmington, DE

4. FEI Number
59-1654259

Applied For
Not Applicable

Zip
32301

Country

Zip
19808

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Patricia Pizzuto

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee

FL Zip Code
32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
President/Director
Bruce R Winn
2711 Centerville Rd Suite 400
Wilmington, DE 19808

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

500005482425--0
-05/07/02--01037--002
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
John Fortunato
2711 Centerville Rd Suite 400
Wilmington, DE 19808

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Secretary
George A Massih
2711 Centerville Rd Suite 400
Wilmington, DE 19808

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
Mark A Rosser
2711 Centerville Rd Suite 400
Wilmington, DE 19808

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
Jennifer A Kenton
2711 Centerville Rd Suite 400
Wilmington, DE 19808

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VP
Kent Jordan
2711 Centerville Rd Suite 400
Wilmington, DE 19808

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John Fortunato JOHN FORTUNATO

4-18-02

3026365400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)