

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 833095 (3)
1. Corporation Name
ALLTEL INFORMATION SERVICES, INC.



Principal Place of Business
4001 RODNEY PARHAM ROAD
LITTLE ROCK AR 72212

Mailing Address
4001 RODNEY PARHAM ROAD
LITTLE ROCK AR 72212

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1974

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		71-0405375		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		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	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRAVENS, WILLIAM L			1.2 NAME			
STREET ADDRESS	4001 RODNEY PARHAM RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	LITTLE ROCK AR			1.4 CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAVELLE, MICHAEL L			2.2 NAME			
STREET ADDRESS	4001 RODNEY PARHAM RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH LITTLE ROCK AR			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VANCE, DANNY R			3.2 NAME			
STREET ADDRESS	4001 RODNEY PARHAM RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	LITTLE ROCK AR			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FORD, JOE T.			4.2 NAME			
STREET ADDRESS	ONE ALLIED DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	LITTLE ROCK AR			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FOX, JEFFREY H			5.2 NAME			
STREET ADDRESS	4001 RODNEY PARHAM RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	LITTLE ROCK AR			5.4 CITY-ST-ZIP			
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.

SIGNATURE

Sandra B. Mortham

4-12-98 21-22-9100

CR2E034 (10/97)