

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90028 029 \*\*\*550.00

**DOCUMENT # F01000002793**

1. Entity Name  
**FACTUAL DATA CORP.**



Principal Place of Business  
**5200 HAHNS PEAK DRIVE  
LOVELAND, CO 80538**

Mailing Address  
**5200 HAHNS PEAK DRIVE  
LOVELAND, CO 80538**

**50063920**



08192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**84-1449911**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	CHERKASKY, MICHAEL G
STREET ADDRESS	900 THIRD AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	PD
NAME	DONNAN, JAMES N
STREET ADDRESS	5200 HAHNS PEAK DRIVE
CITY-ST-ZIP	LOVELAND, CO 80538
TITLE	SVP
NAME	NEIBERGER, TODD A
STREET ADDRESS	5200 HAHNS PEAK DRIVE
CITY-ST-ZIP	LOVELAND, CO 80538
TITLE	SVP
NAME	DONNAN, RUSSELL E
STREET ADDRESS	5200 HAHNS PEAK DRIVE
CITY-ST-ZIP	LOVELAND, CO 80538
TITLE	CEO
NAME	SHMERLING, MICHAEL
STREET ADDRESS	1900 CHURCH STREET, SUITE 400
CITY-ST-ZIP	NASHVILLE, TN 37203
TITLE	VPT
NAME	FORD, STEVEN
STREET ADDRESS	900 THIRD AVENUE
CITY-ST-ZIP	NEW YORK, NY 10022

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Michael G Cherkasky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*B-25-05 970-663-5700*  
Date Daytime Phone #