

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

06-05-2006 90152 018 ***550.00

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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**

50020897



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05222006

Chg-P

CR2E034 (11/05)

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**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CHERKASKY, MICHAEL G**
STREET ADDRESS **900 THIRD AVENUE**
CITY-ST-ZIP **NEW YORK, NY 10022**

TITLE **PD** ☐ Delete
NAME **DONNAN, JAMES N**
STREET ADDRESS **5200 HAHNS PEAK DRIVE**
CITY-ST-ZIP **LOVELAND, CO 80538**

TITLE **SVP** ☐ Delete
NAME **NEIBERGER, TODD A**
STREET ADDRESS **5200 HAHNS PEAK DRIVE**
CITY-ST-ZIP **LOVELAND, CO 80538**

TITLE **SVP** ☐ Delete
NAME **DONNAN, RUSSELL E**
STREET ADDRESS **5200 HAHNS PEAK DRIVE**
CITY-ST-ZIP **LOVELAND, CO 80538**

TITLE **CEO** ☐ Delete
NAME **SHMERLING, MICHAEL**
STREET ADDRESS **1900 CHURCH STREET, SUITE 400**
CITY-ST-ZIP **NASHVILLE, TN 37203**

TITLE **VPT** ☒ Delete
NAME **FORD, STEVEN**
STREET ADDRESS **900 THIRD AVENUE**
CITY-ST-ZIP **NEW YORK, NY 10022**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Michael Hellreigel**
STREET ADDRESS **900 Third Avenue**
CITY-ST-ZIP **New York, NY 10022**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Todd Neiberger

5-25-06

(970)663-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #