2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0100006585 1. Entity Name GEOTRAC HOLDINGS, INC.					FILED		
					02 OCT 17 AM 10: 20		
Principal Place of Business Mailing Address					SECRETARY OF STATE FALLAHASSEE, FLORIDA		
3900 LAYLIN ROAD. A 3900 LAYLIN ROAD NORWALK OH 44857					TALLAHASSEE, FLORIDA		
-	75.4				!		
2. Principal P	Place of Business RAC INC.	3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			2/L-1066275	Applied For Not Applicable	
Zip Country		Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
C T CORPORATION SYSTEM				www.new.ru			
1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324							
			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							
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be 3 Make Check Payable to Department of				be \$750.00	Trust Fund Contribution 1 Add	00 May Be ed to Fees	
11.	OFFICERS AND DI	RECTORS	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WHITE, DANIEL J 3900 LAYLIN ROAD		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change CAYLIN Pol VALK, This 44857	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Delete TITL WHITE, SANDRA A 3900 LAYLIN ROAD STRI		TITLE NAME STREET ADDRESS CITY-ST-ZIP	KAREN KIEDRONICZ Change Addition 3900 LAYLIN Rd NORWALK Ohio 44857			
NAME STREET ADDRESS CITY-ST-ZIP	Delete TITL NAM STRE		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALAN MORRI-SON Change Addition 4905 N. SUNGOLD LN CASTLE ROCK, CO 80104			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		70000844명함 10/18/0201053026 **750.	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
indicated of the cor	on this report or supplemental report is tri	ue and accurate and that my ered to execute this report as	signature shall	have the sar	ion 119.07(3)(i), Florida Statutes. I further certify that the me legal effect as if made under oath; that I am an office Florida Statutes; and that my name appears in Block 11	er or director	

10.9-02 419668-8899 SIGNATURE: