

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001290

Entity Name: INFO DIRECTIONS, INC.

FILED
Feb 16, 2011
Secretary of State

Current Principal Place of Business:

833 PHILLIPS ROAD
VICTOR, NY 14564

New Principal Place of Business:

Current Mailing Address:

833 PHILLIPS ROAD
VICTOR, NY 14564

New Mailing Address:

FEI Number: 16-1494521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SEC
Name: CULETON, DEBORAH
Address: 833 PHILLIPS RD.
City-St-Zip: VICTOR, NY 14564

Title: TREA
Name: SHARP, SUSAN L
Address: 833 PHILLIPS RD.
City-St-Zip: VICTOR, NY 14564

Title: PRES
Name: CULETON, DONALD
Address: 833 PHILLIPS RD
City-St-Zip: VICTOR, NY 14564

Title: VP
Name: TALTY, PATRICK
Address: 833 PHILLIPS RD
City-St-Zip: VICTOR, NY 14564

Title: V
Name: VANGROL, DERRICK
Address: 833 PHILLIPS RD
City-St-Zip: VICTOR, NY 14564

Title: V
Name: KOSARKO, STEVE
Address: 833 PHILLIPS RD
City-St-Zip: VICTOR, NY 14564

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUSAN L SHARP

_____ Electronic Signature of Signing Officer or Director

TREA

02/16/2011

_____ Date