

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90037 049 ***150.00

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1. Entity Name
HARTE-HANKS DATA TECHNOLOGIES, INC.



Principal Place of Business
**200 CONCORD PLAZA DR., SUITE 800
SAN ANTONIO, TX 78216**

Mailing Address
**200 CONCORD PLAZA DR., SUITE 800
SAN ANTONIO, TX 78216**

20000000



07012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3499339

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 \$150.00
Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CALTA, KATHY S
STREET ADDRESS	6701 BAYMEADOW DR., SUITE D
CITY-ST-ZIP	GLEN BURNIE, MD 21060
TITLE	DV
NAME	HARTE, HOUSTON H
STREET ADDRESS	200 CONCORD PLAZA DR., SUITE 800
CITY-ST-ZIP	SAN ANTONIO, TX 78216
TITLE	DV
NAME	FRANKLIN, LARRY
STREET ADDRESS	55 FIFTH AVENUE, 14TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10003
TITLE	DVS
NAME	BLYTHE, DEAN H
STREET ADDRESS	200 CONCORD PLAZA DR., SUITE 800
CITY-ST-ZIP	SAN ANTONIO, TX 78216
TITLE	V
NAME	HOCHHAUSER, RICHARD H
STREET ADDRESS	55 FIFTH AVENUE, 14TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10003
TITLE	TAS
NAME	ORTIZ, FEDERICO
STREET ADDRESS	200 CONCORD PLAZA DR., SUITE 800
CITY-ST-ZIP	SAN ANTONIO, TX 78216

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Federico Ortiz **Federico Ortiz** **7/1/05** **210-829-9358**