

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000003115

1. Entity Name
CARFAX, INC.



Principal Place of Business
**10304 EATON PLACE
FAIRFAX, VA 22030**

Mailing Address
**10304 EATON PLACE
FAIRFAX, VA 22030**

DO NOT WRITE IN THIS SPACE



05102006 No Chg-P CR2E034 (11/05)

4. FEI Number
25-1465303

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
% CT 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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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	PD
NAME	RAINES, RICHARD T
STREET ADDRESS	10304 EATON PLACE
CITY-ST-ZIP	FAIRFAX, VA 22030
TITLE	ASAT
NAME	LUU, LAN
STREET ADDRESS	10304 EATON PLACE
CITY-ST-ZIP	FAIRFAX, VA 22030
TITLE	S
NAME	CONZELMAN, NANCY
STREET ADDRESS	26955 NORTHWESTERN HIGHWAY
CITY-ST-ZIP	SOUTHFIELD, MI 48034
TITLE	T
NAME	GOFF, MICHELLE
STREET ADDRESS	26955 NORTHWESTERN HIGHWAY
CITY-ST-ZIP	SOUTHFIELD, MI 48034
TITLE	D
NAME	POLK, STEPHEN R
STREET ADDRESS	26955 NORTHWESTERN HIGHWAY
CITY-ST-ZIP	SOUTHFIELD, MI 48034
TITLE	D
NAME	WALKER, JOSEPH
STREET ADDRESS	26955 NORTHWESTERN HIGHWAY
CITY-ST-ZIP	SOUTHFIELD, MI 48034

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05/20/06-80086-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/06

Date

Daytime Phone #