


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90191 001 ***300.00

DOCUMENT # F06000001445 1. Entity Name COLE INFORMATION SERVICES, INC.	
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Principal Place of Business 901 WEST BOND ST LINCOLN, NE 68521-3694	Mailing Address 901 WEST BOND ST LINCOLN, NE 68521-3694
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04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1897080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCQUAID, JIM 1033 SKOKIE BLVD, SUITE 600 NORTHBROOK, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP ELFMAN, RICK 1033 SKOKIE BLVD, SUITE 600 NORTHBROOK, IL 600623694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TASLITZ, STEVEN 1033 SKOKIE BLVD, SUITE 600 NORTHBROOK, IL 600623694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WIENZEN, ROBERT 1033 SKOKIE BLVD, SUITE 600 NORTHBROOK, IL 600623694
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO LOGAN, ROBERT 8381 SW 139 TERRACE MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EGGLESTON, JIM 901 WEST BOND ST LINCOLN, NE 68521

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:  **James Eggleston** **4/2/07** **400.321.3580**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #