

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90246 048 ***150.00

DOCUMENT # F94000001176
1. Entity Name Resource Information Management Systems, Inc.



DO NOT WRITE IN THIS SPACE

11017253

2. Principal Place of Business 500 Technology Drive Suite, Apt. #, etc.	3. Mailing Address 567 San Nicolas Drive Suite, Apt. #, etc. Suite 360
City & State Naperville, IL	City & State Newport Beach, CA
Zip 60563	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3170672	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name National Registered Agents, Inc.	
Street Address (P.O.-Box Number is Not Acceptable) 526 E. Park Avenue	
Tallahassee	
City Tallahassee	FL 32301

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** _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	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 PDC	NAME Margolis, Jeffrey H.	TITLE	NAME
STREET ADDRESS 567 San Nicolas Dr., Suite 360	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Newport Beach, CA 92660	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE DVCFO	NAME Sunderland, Michael J.	TITLE	NAME
STREET ADDRESS 567 San Nicolas Dr., Suite 360	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Newport Beach, CA 92660	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE VS	NAME Sullivan, James J.	TITLE	NAME
STREET ADDRESS 567 San Nicolas Dr., Suite 360	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Newport Beach, CA 92660	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE AS	NAME Malone, Kathleen A.	TITLE	NAME
STREET ADDRESS 567 San Nicolas Dr., Suite 360	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP Newport Beach, CA 92660	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ James J. Sullivan, Vice President and Secretary	4/24/03	949-219-2131
DATE	DATE	DAYTIME PHONE #

CR2E034B (12/02)