FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State
05-05-1999 90114 046 ***150.00

DOCUMENT # F94000002720

1. Corporation Name
DATA BROADCASTING CORPORATION

Principal Place of Business	Mailing Address
1900 S NORFOLK ST SAN MATEO CA 94403	100 EXECUTIVE DRIVE SUITE 335 WEST ORANGE NJ 07052

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/24/1994

2. Principal Place of Business
21: 3955 Point Eden Way
22: Suite, Apt. #, etc.
23: Hayward Ca (City & State)
24: 94545 (Zip) 25: Alameda (Country)

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip 30: Country

4. FEI Number: 13-3668779 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HIRSCHFIELD, ALAN J		1.2 NAME		
STREET ADDRESS	1150 FALL CREEK ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WILSON WY 83014		1.4 CITY-ST-ZIP		
TITLE	CEO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TESSLER, ALLAN R		2.2 NAME		
STREET ADDRESS	1100 W. PINE SISKIN RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSON WY 83001		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	IMPERIALE, MARK		3.2 NAME		
STREET ADDRESS	12 WEST ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST ORANGE NJ		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHLOTTERBECK, ANDREW		4.2 NAME		
STREET ADDRESS	226 E. EMERSON AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY FL 84108		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NISIVOCCIA, THOMAS J		5.2 NAME		
STREET ADDRESS	56 WALSINGHAM RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MENDHAM NJ 07945		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BENSON, REED		6.2 NAME		
STREET ADDRESS	8361 RIDGE POINT RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	SANDY UT 84093		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Thomas J Nisivoccia 4-29-99 (973) 736-7319
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #