SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002557 (5)**

1. Corporation Name
INFORMATION AMERICA, INC.

Principal Place of Business	Mailing Address
ONE GEORGIA CENTER 600 W. PEACHTREE ST., N.W. ATLANTA GA 30308-0	ONE GEORGIA CENTER 600 W. PEACHTREE ST., N.W. ATLANTA GA 30308-0

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **05/25/1995**
3a. Date of Last Report:
4. FEI Number: **41-1791394** ☐ Applied For ☐ Not Applicable
5. Certificate 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	GOLDSTEIN, BURTON B JR	
STREET ADDRESS	ONE GEORGIA CENTER	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	VD	☐ DELETE
NAME	NELSON, GRANT E	
STREET ADDRESS	ONE GEORGIA CENTER	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	S	☐ DELETE
NAME	ALPERIN, JEFFREY	
STREET ADDRESS	ONE GEORGIA CENTER	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	T	☐ DELETE
NAME	SCHREINER, LESLIE H	
STREET ADDRESS	ONE GEORGIA CENTER	
CITY-ST-ZIP	ATLANTA GA 30308	
TITLE	DC	☐ DELETE
NAME	OPPERMAN, DWIGHT D	
STREET ADDRESS	610 OPPERMAN DR.	
CITY-ST-ZIP	EAGAN MN 55123	
TITLE	DC	☐ DELETE
NAME	OPPERMAN, VANCE K	
STREET ADDRESS	610 OPPERMAN DR.	
CITY-ST-ZIP	EAGAN MN 55123	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or on an attachment with an address.

SIGNATURE: [signature] , V.P. & Sec. 6/13/96 404-892-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #