

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90164 028 \*\*\*150.00

**DOCUMENT # F95000002557**

1. Corporation Name  
**INFORMATION AMERICA, INC.**

Principal Place of Business  
245 PEACHTREE CENTER AVENUE  
SUITE 1400  
ATLANTA GA 30303

Mailing Address  
245 PEACHTREE CENTER AVENUE  
SUITE 1400  
ATLANTA GA 30303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/25/1995**

4. FEI Number

**41-1791394**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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 **VPCD** ☐ DELETE  
NAME **BECKINGHAM, DENNIS J**  
STREET ADDRESS **610 OPPERMAN DRIVE**  
CITY-ST-ZIP **EAGAN MN 55123**

TITLE **PD** ☒ DELETE  
NAME **GOLDSTEIN, BURTON B JR.**  
STREET ADDRESS **245 PEACHTREE CENTER AVE, SUITE 1400**  
CITY-ST-ZIP **ATLANTA GA 30303**

TITLE **VPAS** ☐ DELETE  
NAME **FRIEDLAND, EDWARD A**  
STREET ADDRESS **ONE STATION PLACE, 4TH FLOOR**  
CITY-ST-ZIP **STAMFORD CT 06902**

TITLE **D** ☐ DELETE  
NAME **HALL, BRIAN H**  
STREET ADDRESS **610 OPPERMAN DRIVE**  
CITY-ST-ZIP **EAGAN MN 55123**

TITLE **D** ☐ DELETE  
NAME **HARRIS, MICHAEL S**  
STREET ADDRESS **ONE STATION PLACE**  
CITY-ST-ZIP **STAMFORD CT 06902**

TITLE **D** ☒ DELETE  
NAME **MILLS, ANDREW G**  
STREET ADDRESS **22 PITTSBURGH STREET**  
CITY-ST-ZIP **BOSTON MA 02210**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP/CFO** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **VP/Treasurer** ☒ Change ☒ Addition  
2.2 NAME **Leslie H. Schreiner**  
2.3 STREET ADDRESS **245 Peachtree Center Ave., Suite 1400**  
2.4 CITY-ST-ZIP **Atlanta, GA 30303**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE **Director** ☒ Change ☒ Addition  
6.2 NAME **David Oliveri**  
6.3 STREET ADDRESS **50 Broad St., East**  
6.4 CITY-ST-ZIP **Rochester, NY 14694**

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:

**Leslie H. Schreiner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99

Date

404-479-6500

Daytime Phone #

CR2E034 (11/98)