

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002557

1. Entity Name

INFORMATION AMERICA, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90072 024 ***150.00

Principal Place of Business

Mailing Address

245 PEACHTREE CENTER AVENUE
SUITE 1400
ATLANTA GA 30303

245 PEACHTREE CENTER AVENUE
SUITE 1400
ATLANTA GA 30303-1228

C0044977



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

245 PEACHTREE CTR AVE.

3. Mailing Address

245 PEACHTREE CTR AVE.

Suite, Apt. #, etc.

SUITE 1100

Suite, Apt. #, etc.

SUITE 1100

City & State

ATLANTA, GA 30303

City & State

ATLANTA, GA 30303

4. FEI Number

41-1791394

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VCFO ☐ Delete
NAME BECKINGHAM, DENNIS J
STREET ADDRESS 610 OPPERMAN DRIVE
CITY-ST-ZIP EAGAN MN 55123

TITLE VP ☐ Change ☒ Addition
NAME Wicker, Gary
STREET ADDRESS 610 Opperman Drive
CITY-ST-ZIP Eagan, MN 55123

TITLE VPT ☒ Delete
NAME SCHREINER, LESLIE H
STREET ADDRESS 245 PEACHTREE CENTER AVE, SUITE 1400
CITY-ST-ZIP ATLANTA GA 30303

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME OLIVERI, DAVID
STREET ADDRESS 50 BROAD STREET, EAST
CITY-ST-ZIP ROCHESTER NY 14694

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary Wicker RECORDED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

Date

651-687-8000

Daytime Phone #

CR2E034 (9/99)