

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 13 1997 8:00am  
Secretary of State

DOCUMENT # F96000000246 (6)

1. Corporation Name

SMS REAL ESTATE INFORMATION SERVICES, INC.



Principal Place of Business

PARKWEST #1, SUITE 200, CLIFFMINE ROAD  
PITTSBURGH PA 15275

Mailing Address

PARKWEST #1, SUITE 200, CLIFFMINE ROAD  
PITTSBURGH PA 15275

2. Principal Place of Business

21 18301 Von Karman Ave

Suite, Apt. #, etc.

22 6th Floor

City & State

23 Irvine, CA

24 Zip 92612

Country

2a. Mailing Address

26 P.O. Box 6290

Suite, Apt. #, etc.

27

City & State

28 Newport Beach, CA

29 Zip 92660

Country

30

3. Date Incorporated or Qualified

01/16/1996

3a. Date of Last Report

4. FEI Number

34-1746427

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
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 CCEO ☐ DELETE

NAME REPERT, JOSEPH R

STREET ADDRESS 313 VIA LIDO SOUD

CITY-ST-ZIP NEWPORT BEACH CA 92663

TITLE VS ☐ DELETE

NAME MARTIN, JEANNE F

STREET ADDRESS 3026 E. HILLCREST

CITY-ST-ZIP ORANGE CA 92667

TITLE P ☒ DELETE

NAME FRITTS, SUSAN M

STREET ADDRESS 39 ANJOU

CITY-ST-ZIP NEWPORT COAST CA

TITLE P ☒ DELETE

NAME WYCOFF, RODNEY

STREET ADDRESS 23872 PINAFORE CIRCLE

CITY-ST-ZIP LAGUNA NIGUEL CA 92677

TITLE P ☒ DELETE

NAME CARLILE, ROBERT

STREET ADDRESS 278 N. RUCKSIN WAY

CITY-ST-ZIP ORANGE CA 92669

TITLE P ☒ DELETE

NAME WHITE, DANIEL

STREET ADDRESS 2 CENTRAL BLVD.

CITY-ST-ZIP NORWALK OH 44857

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 in an attachment with an address.

SIGNATURE

*[Signature]*

4/28/97

(714) 442-7000

CR2E034 (9/96)