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Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90045 016 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F96000004917

1. Corporation Name

BUSINESS INFORMATION TECHNOLOGY OF DELAWARE, INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1800 SUTTEE ST.  
SUITE 770  
CONAND CA 94520  
US

Mailing Address

5251 DTC PKWY, SUITE 1400  
ENGLEWOOD CO 80111

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

09/24/1996

4. FEI Number

68-0359839

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 owes the current year Intangible  
Personal Property Tax.

Yes No

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 CD  
NAME STEVENSON, BOB  
STREET ADDRESS 5251 DTC PKWY, SUITE 1400  
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE VSTD  
NAME SLINGERLAND, MAC J  
STREET ADDRESS 5251 DTC PKWY, SUITE 1400  
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE V  
NAME LOFFREDO, CHRISTOPHER  
STREET ADDRESS 5251 DTC PKWY, SUITE 1400  
CITY-ST-ZIP ENGLEWOOD CO 80111

TITLE P  
NAME MAITLAND, JOHN M  
STREET ADDRESS 1800 SUTTER ST, SUITE 770  
CITY-ST-ZIP CONCORDE CA 94520

TITLE VP  
NAME BARTMAN, ROBERT  
STREET ADDRESS 1400 N. PROVIDENCE RD., SUITE 5000  
CITY-ST-ZIP MADI PA 19063

TITLE V  
NAME WHEELER, RUSS  
STREET ADDRESS 1800 SUTTER ST, SUITE 770  
CITY-ST-ZIP CONCORDE CA 94520

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

Director

Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

CEO, SVP, S

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)