

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
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90124 022 ***150.00

DOCUMENT # F96000006823

1. Corporation Name

HARTE-HANKS DATA TECHNOLOGIES, INC.



Principal Place of Business

**25 LINNELL CIRCLE
BILLERICA MA 01821
US**

Mailing Address

**PO BOX 269
SAN ANTONIO TX 78291-0269**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

04-2682644

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

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	DCV	<input type="checkbox"/> DELETE
NAME	HARTE, HOUSTON H	
STREET ADDRESS	200 CONCORD PLAZA DR #800	
CITY-ST-ZIP	SAN ANTONIO TX 78216-6918	
TITLE	DCV	<input type="checkbox"/> DELETE
NAME	FRANKLIN, LARRY	
STREET ADDRESS	200 CONCORD PLAZA DR #800	
CITY-ST-ZIP	SAN ANTONIO TX 78216-6918	
TITLE	DCVS	<input type="checkbox"/> DELETE
NAME	CREWS, DONALD R	
STREET ADDRESS	200 CONCORD PLAZA DR #800	
CITY-ST-ZIP	SAN ANTONIO TX 78216-6918	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOCHHAUSER, RICHARD M	
STREET ADDRESS	200 CONCORD PLAZA DR #800	
CITY-ST-ZIP	SAN ANTONIO TX 78216-6918	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SOWELL, FAYE	
STREET ADDRESS	200 CONCORD PLAZA DR #800	
CITY-ST-ZIP	SAN ANTONIO TX 78216-6918	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	ORTIZ, FEDERICO	
STREET ADDRESS	200 CONCORD PLAZA DR #800	
CITY-ST-ZIP	SAN ANTONIO TX 78216-6918	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Federico Ortiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99
Date

210-829-9358
Daytime Phone #

CR2E034 (11/98)

0559444