

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90199 022 \*\*\*150.00

**DOCUMENT # F97000004875**

1. Entity Name  
**INFORMATION DECISIONS, INC.**

**00053429**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4695 44TH ST STE B-130 GRAND RAPIDS MI 49512 US	Mailing Address 4695 44TH ST STE B-130 GRAND RAPIDS MI 49512 US
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2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>38-2902506</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BUDEL, FRANZ**  
**8007 CANYON LAKE CIRCLE**  
**ORLANDO FL 32835**

7. Name and Address of New Registered Agent

Name **PAUL HEADLEE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1270 North Wickham Rd Suite 16**  
 City **Melbourne** FL Zip Code **32935**

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 **PAUL HEADLEE** (Signature, typed or printed name of registered agent and title if applicable.)  
 (NOTE: Registered Agent signature required when reinstating)  
 DATE **2/13/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SWEETLAND, MARK	
STREET ADDRESS	4695 44TH ST, STE B130	
CITY-ST-ZIP	GRAND RAPIDS MI 49512	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEATHERFORD, TIM	
STREET ADDRESS	6666 E. 75TH ST, SUITE 110	
CITY-ST-ZIP	INDIANAPOLIS IN 46250	
TITLE	CFOV	<input type="checkbox"/> Delete
NAME	MULLANEY, JOSEPH P	
STREET ADDRESS	4695 44TH ST, STE B130	
CITY-ST-ZIP	GRAND RAPIDS MI 49512	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MULLANEY, JOSEPH P	
STREET ADDRESS	4695 44TH ST, STE B130	
CITY-ST-ZIP	GRAND RAPIDS MI 49512	
TITLE	CAS	<input type="checkbox"/> Delete
NAME	YANSK, JAN	
STREET ADDRESS	4695 44TH ST, STE B130	
CITY-ST-ZIP	GRAND RAPIDS MI 49512	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **JAN E YANSK** **2/16/01** **616-957-2330**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)