

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000005638

Entity Name: INFOPARTNERS, INC.

FILED
Apr 02, 2009
Secretary of State

Current Principal Place of Business:

4535 HARDING ROAD,
SUITE 200
NASHVILLE, TN 37205 21

New Principal Place of Business:

Current Mailing Address:

4535 HARDING ROAD,
SUITE 200
NASHVILLE, TN 372052120

New Mailing Address:

FEI Number: 62-1261168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERTY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: LAWRENCE, MARK W
Address: 4535 HARDING ROAD, STE 200
City-St-Zip: NASHVILLE, TN 37205

Title: VPS () Delete
Name: LAWRENCE, SHERI J
Address: 4535 HARDING ROAD, STE 200
City-St-Zip: NASHVILLE, TN 37205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERI J LAWRENCE

VPS

04/02/2009

Electronic Signature of Signing Officer or Director

_____ Date