


FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90009 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000004633

1. Corporation Name

BORN INFORMATION SERVICES, INC.

Principal Place of Business

294 EAST GROVE LANE, SUITE 100
WAYZATA MN 55391

Mailing Address

294 EAST GROVE LANE, SUITE 100
WAYZATA MN 55391

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1998

4. FEI Number

41-1674083

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax.

Yes

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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.

(NO) E: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	BORN, RICHARD A	
STREET ADDRESS	294 EAST GROVE LANE, SUITE 100	
CITY-ST-ZIP	WAYZATA MN 55391	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HOLMGREN, DALE R	
STREET ADDRESS	294 EAST GROVE LANE, SUITE 100	
CITY-ST-ZIP	WAYZATA MN 55391	
TITLE	Secretary, Treasurer	<input type="checkbox"/> DELETE
NAME	Don B ERB	
STREET ADDRESS	294 East Grove Lane, Suite 100	
CITY-ST-ZIP	Wayzata MN 55391	
TITLE	Tom Marin	<input type="checkbox"/> DELETE
NAME	Director	
STREET ADDRESS	294 East Grove Lane, Suite 100	
CITY-ST-ZIP	Wayzata MN 55391	
TITLE	Merlin Dewing	<input type="checkbox"/> DELETE
NAME	Director	
STREET ADDRESS	294 East Grove Lane, Suite 100	
CITY-ST-ZIP	Wayzata MN 55391	
TITLE	John Schwalbach	<input type="checkbox"/> DELETE
NAME	Director	
STREET ADDRESS	294 East Grove Lane, Suite 100	
CITY-ST-ZIP	Wayzata MN 55391	

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:

Don B ERB
 SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/99
 Date

Daytime Phone #

CR2034 (4/1/98)