

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 05, 1999 8:00 am
Secretary of State

04-05-1999 90025 018 ***158.75

DOCUMENT # F98000006282

1. Corporation Name

TRADE REPORTING AND DATA EXCHANGE, INC.



Principal Place of Business

2755 CAMPUS DR
SAN MATEO CA 94403-2513

Mailing Address

2755 CAMPUS DR
SAN MATEO CA 94403-2513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1998

4. FEI Number

91-1106681

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODWIN, JAMES W
400 N. TAMPA ST, SUITE 2300
TAMPA FL 33602

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME GORDON, THOMAS G JR
STREET ADDRESS 2755 CAMPUS DR
CITY-ST-ZIP SAN MATEO CA 94403-2513

1.1 TITLE ☐ Change ☐ Addition

NAME S ☒ DELETE

STREET ADDRESS BHARGANA, RAJ
CITY-ST-ZIP 2755 CAMPUS DR
SAN MATEO CA 94403-2513

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME BAKER, LEN
STREET ADDRESS 755 PAGE MILL RD
CITY-ST-ZIP PALO ALTO CA 94304

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME DOMINIK, DAVID
STREET ADDRESS TWO COPLEY PLACE
CITY-ST-ZIP BOSTON MA 02116

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME KONTAGOURIS, VENETIA
STREET ADDRESS 200 NYALA FARMS RD
CITY-ST-ZIP WESTPORT CT 06880

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME MUNDELL, BILL
STREET ADDRESS 200 AVENUE OF THE STARS #1405
CITY-ST-ZIP LOS ANGELES CA 90067

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

Date

813 282-1454

Daytime Phone #

CR2E034 (11/98)

0560027