

2001 UNIFORM BUSINESS REPORT (UBR)

0571386

DOCUMENT # F99000001301

1. Entity Name

AUTO-BY-TEL INSURANCE SERVICES, INC.

FILED

01 JAN 18 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
18872 MACARTHUR BLVD., 3RD FLOOR
LEGAL DEPT
IRVINE CA 92612-1400

Mailing Address
18872 MACARTHUR BLVD., 3RD FLOOR
LEGAL DEPT
IRVINE CA 92612-1400

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 33-0724053

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

-01/26/01--01055--016

****150.00

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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. ☐ May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
LORIMER, MARK W
STREET ADDRESS 18872 MACARTHUR BLVD., 3RD FLOOR
CITY-ST-ZIP IRVINE CA 92612-1400 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME VCFO
PRINTER, HOSHI
STREET ADDRESS 18872 MACARTHUR BLVD., 3RD FLOOR
CITY-ST-ZIP IRVINE CA 92612-1400 ☒ Delete

TITLE
NAME V/T/D
Kothari, Amit
STREET ADDRESS 18872 MacArthur Boulevard
CITY-ST-ZIP Irvine, CA 92612-1400 ☐ Change ☒ Addition

TITLE
NAME AS
PRINTER, HOSHI
STREET ADDRESS 18872 MACARTHUR BLVD., 3RD FLOOR
CITY-ST-ZIP IRVINE CA 92612-1400 ☒ Delete

TITLE
NAME V
Tuschman, Jason W.
STREET ADDRESS 18872 MacArthur Boulevard
CITY-ST-ZIP Irvine, CA 92612-1400 ☐ Change ☒ Addition

TITLE
NAME AS
BONANNI, MARC
STREET ADDRESS 18872 MACARTHUR BLVD., 3RD FLOOR
CITY-ST-ZIP IRVINE CA 92612-1400 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME VPS
AMIR, ARIEL
STREET ADDRESS 18872 MACARTHUR BLVD., 3RD FLOOR
CITY-ST-ZIP IRVINE CA 92612-1400 ☐ Delete

TITLE
NAME V/S/D
Amir, Ariel
STREET ADDRESS 18872 MacArthur Boulevard
CITY-ST-ZIP Irvine, CA 92612-1400 ☒ Change ☐ Addition

TITLE
NAME D
DELLIGATTA, ANN M
STREET ADDRESS 18872 MACARTHUR BLVD., 3RD FLOOR
CITY-ST-ZIP IRVINE CA 92612-1400 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ariel Amir

1/8/01

Date

949.225.4500

Daytime Phone #

CR2E034 (10/00)