


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2005 8:00 am
Secretary of State

07-27-2005 90047 009 ***150.00

DOCUMENT # F99000001301 1. Entity Name AUTO-BY-TEL INSURANCE SERVICES, INC.	
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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
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50057942



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07052005 Chg-P CR2E034 (10/03)

4. FEI Number 33-0724053	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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	FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	D/PRES	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JEFFERY, SCHWARTZ A			NAME	RICHARD A. POST		
STREET ADDRESS	18872 MACARTHUR BLVD			STREET ADDRESS	18872 MACARTHUR BLVD.		
CITY-ST-ZIP	IRVINE, CA 92612			CITY-ST-ZIP	IRVINE, CA 92612		
TITLE	TCFO	<input checked="" type="checkbox"/> Delete		TITLE	D/EVP/CFO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PRINTER, HOSHI			NAME	MICHAEL SCHMIDT		
STREET ADDRESS	18872 MACARTHUR BLVD.			STREET ADDRESS	18872 MACARTHUR BLVD.		
CITY-ST-ZIP	IRVINE, CA 92612			CITY-ST-ZIP	IRVINE, CA 92612		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUSSELL, SCHWARTZMAN			NAME			
STREET ADDRESS	18872 MACARTHUR BLVD			STREET ADDRESS			
CITY-ST-ZIP	IRVINE, CA 92612			CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMIR, ARIEL			NAME			
STREET ADDRESS	18872 MACARTHUR BLVD.			STREET ADDRESS			
CITY-ST-ZIP	IRVINE, CA 926121400			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	EVP/COO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	RICHARD WALKER		
STREET ADDRESS				STREET ADDRESS	18872 MACARTHUR BLVD.		
CITY-ST-ZIP				CITY-ST-ZIP	IRVINE, CA 92612		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Ariel Amir**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/05

(949) 225-4500

Date Daytime Phone #