


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90009 016 ***150.00

DOCUMENT # F99000001301 1. Entity Name AUTO-BY-TEL INSURANCE SERVICES, INC.					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 33-0724053	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIESENBACH, JAMES E 18872 MACARTHUR BLVD IRVINE, CA 92612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP SCHMIDT, MICHAEL 18872 MACARTHUR BLVD. IRVINE, CA 92612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP/CFO Houdeshell, Monty 18872 MacArthur Blvd. Irvine, CA 92612	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHLING, JILL 18872 MACARTHUR BLVD IRVINE, CA 92612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Controller DeWalt, Curtis 18872 MacArthur Blvd. Irvine, CA 92612	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AMIR, ARIEL 18872 MACARTHUR BLVD. IRVINE, CA 926121400		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS FULLER, GLENN 18872 MACARTHUR BLVD IRVINE, CA 92612		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Ariel Amir</u> <u>01/15/08</u> <u>(949) 225-4500</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					