

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 33-0724053	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$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 date if applicable) (NOTE: Registered Agent Signature required when terminating) DATE _____



9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JEFFERY, SCHWARTZ 18872 MACARTHUR BLVD IRVINE, CA 92612 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHWARTZ, JEFFREY A. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KOTHARI, AMIT 18872 MACARTHUR BLVD. IRVINE, CA 926121400 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUSSELL, SCHWARTSMAN 18872 MACARTHUR BLVD IRVINE, CA 92612 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHWARTZMAN, RUSSELL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AMIR, ARIEL 18872 MACARTHUR BLVD. IRVINE, CA 926121400 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 fee empowered.

SIGNATURE: _____ (Signature and typed or printed name of signing officer or director) Date: 07/21/03 (949) 225-4500

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/22/03--01039--001 ***50.00

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Handwritten: 7/22