2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 06, 2002 8:00 am Secretary of State DOCUMENT # F99000001552 1. Entity Name 05-06-2002 90236 039 ***150.00 THE COBALT GROUP, INC. Principal Place of Business Mailing Address 2200 FIRST AVE. SOUTH 2200 FIRST AVE. SOUTH SEATTLE WA 98134 SEATTLE WA 98134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 91-1674947 Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 <u>o</u> TITLE X Delete TITLE Dave Power N/ME NAME BARKER, GEOFFREY 30401 Agoura Rd. STREET ADDRESS STREET ADDRESS 2200 FIRST AVENUE SOUTH CITY-ST-ZIP CITY-ST-ZIP SEATTLE WA 98134 TITLE ☐ Delete TITLE ☐ Change S Addition NAME NAME HOLT, JOHN STREET ADDRESS STREET ADDRESS 2200 FIRST AVENUE SOUTH CITY-ST: ZIP CITY-ST-ZIP_ SEATTLE:WA:98134~~ Delete Addition TITLE ☐ Change Lee Brunz NAME KOULEGEORGE, MARK 2200 IST AVE S. STREET ADDRESS STREET ADDRESS 233 S. WACKER DRIVE STE 9500 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60608 TIT! F Delete TITLE ■ Addition NAME NAME TULLMAN, HOWARD 754 N. Milnbukee Ave STREET ADDRESS STREET ADDRESS 640 N. LASALLE STREET, SUITE 560 CITY-ST-ZIP CHICAGO IL 60610 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME POMERANTZ, ERNIE NAME 10 Rockefeller Plaza #815 STREET ADDRESS STREET ADDRESS 466 LEXINGTON AVE. New York, NY 10020 CITY-ST-7IP CITY-ST-ZIP NEW YORK NY 10017-3147 TITLE ☐ Delete TITLE Change Addition NAME LANDY, JOSEPH NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

466 LEXINGTON AVE.

NEW YORK NY 10017-3147

STREET ADDRESS

CITY-ST-ZIP



(10/6)