

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F99000002480**

1. Entity Name

**NATIONAL INFORMATION GROUP, INC.****FILED****May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90117 023 \*\*\*150.00

Principal Place of Business

395 OYSTER POINTE BLVD., SUITE 500  
SOUTH SAN FRANCISCO CA 94080-1959

Mailing Address

395 OYSTER POINTE BLVD., SUITE 500  
SOUTH SAN FRANCISCO CA 94080-1933

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

150 2nd Ave. North

Suite, Apt. #, etc.

Suite 1600

City & State  
St. Petersburg, FL

Zip

33701

Country

USA

4. FEI Number

94-3031790

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525****7. Name and Address of New Registered Agent**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
CEO	SPEIZER, MARK A	395 OYSTER POINTE BLVD., SUITE 500	SOUTH SAN FRANCISCO CA 94080-1959	<input checked="" type="checkbox"/>
P	COLE, BRUCE A	395 OYSTER POINTE BLVD., SUITE 500	SOUTH SAN FRANCISCO CA 94080-1959	<input checked="" type="checkbox"/>
VS	BARBAROWICZ, ROBERT P	395 OYSTER POINTE BLVD., SUITE 500	SOUTH SAN FRANCISCO CA 94080-1959	<input checked="" type="checkbox"/>
V	HELM, DOUGLAS H	395 OYSTER POINTE BLVD., SUITE 500	SOUTH SAN FRANCISCO CA 94080-1959	<input checked="" type="checkbox"/>
V	SNYDER, RORY C	395 OYSTER POINTE BLVD., SUITE 500	SOUTH SAN FRANCISCO CA 94080-1959	<input checked="" type="checkbox"/>
V	DOWNIE, VIRGINIA L	395 OYSTER POINTE BLVD., SUITE 500	SOUTH SAN FRANCISCO CA 94080-1959	<input checked="" type="checkbox"/>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT, DIRECTOR	JOHN W. LONG	12505 Starkey Road, Suite #K	Largo, FL 33773	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CHIEF FINANCIAL OFFICER	JOHN C. LAMSON	150 2nd Ave. North, Suite 1600	St. Petersburg, FL 33701	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V S, DIRECTOR	KENNETH D. DEGIORGIO	1 First American Way	Santa Ana, CA 92707	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	GEORGE R. JUMP	7180 W 107th St, Suite #5	Overland Park, KS 66212	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/CONTROLLER	BRIAN GIBESON	395 Oyster Point Blvd., Suite 500	South San Francisco, CA 94080	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:**

John W. Long

April, 2000 (727) 895-4915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #