

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90030 016 \*\*\*150.00

0356114

**DOCUMENT # F99000002480**

1. Entity Name

**NATIONAL INFORMATION GROUP, INC.**

Principal Place of Business

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

Mailing Address

**150 2ND AVE NORTH  
STE 1600  
SAINT PETERSBURG FL 33701**

2. Principal Place of Business

**8435 Stenmons Fwy**

3. Mailing Address

**1 First American Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Dallas, TX**City & State  
**Santa Ana, CA**4. FEI Number **94-3031790**

Applied For

Not Applicable

Zip  
**75247**

Country

**USA**

Zip

**92707**

Country

**USA**5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CEO	SPEIZER, MARK A	395 OYSTER POINTE BLVD., SUITE 500	SOUTH SAN FRANCISCO CA 94080-1959	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PRESIDENT, DIRECTOR	John W. Long	805 Executive Center Dr. West, #300	St. Petersburg, FL 33702	<input type="checkbox"/>	<input checked="" type="checkbox"/>

P	COLE, BRUCE A	395 OYSTER POINTE BLVD., SUITE 500	SOUTH SAN FRANCISCO CA 94080-1959	<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"/>
-------------------------	----------------	--------------------------------	--------------------------	--------------------------	-------------------------------------

VS	BARBAROWICZ, ROBERT P	395 OYSTER POINTE BLVD., SUITE 500	SOUTH SAN FRANCISCO CA 94080-1959	<input checked="" type="checkbox"/>
----	-----------------------	------------------------------------	-----------------------------------	-------------------------------------

VS, DIRECTOR	Kenneth D. DeGiorgio	1 First American Way	Santa Ana, CA 92707	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------	----------------------	----------------------	---------------------	--------------------------	-------------------------------------

V	HELM, DOUGLAS H	395 OYSTER POINTE BLVD., SUITE 500	SOUTH SAN FRANCISCO CA 94080-1959	<input checked="" type="checkbox"/>
---	-----------------	------------------------------------	-----------------------------------	-------------------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

V	SNYDER, RORY C	395 OYSTER POINTE BLVD., SUITE 500	SOUTH SAN FRANCISCO CA 94080-1959	<input checked="" type="checkbox"/>
---	----------------	------------------------------------	-----------------------------------	-------------------------------------

				<input type="checkbox"/>	<input type="checkbox"/>
--	--	--	--	--------------------------	--------------------------

V	DOWNIE, VIRGINIA L	395 OYSTER POINTE BLVD., SUITE 500	SOUTH SAN FRANCISCO CA 94080-1959	<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 11, 2001 (800) 229-8426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)