FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J43041** **(9)**

1. Corporation Name

INFOSOURCE, INC.

Principal Place of Business	Mailing Address
6947 UNIVERSITY BLVD WINTER PARK FL 32792 US	2721 FORSYTH RD STE 301 WINTER PARK FL 32792 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/13/1986**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: County — 25:

Zip — 29: County — 30:

4. FEI Number: **59-2336346** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WERNER, MICHAEL
216 E VANDERBILT
ORLANDO 32804

10. Name and Address of New Registered Agent

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable):

83:

84 City: **FL** 85 Zip Code:

11. Pursuant to the provisions of Sections 607.1007 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: (Registered agent signature required for registered agent changes)

12. OFFICER AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12
TYPE: DP NAME: WERNER, D. MICHAEL STREET ADDRESS: 216 E VANDERBILT CITY ST ZIP: ORLANDO FL	TYPE: NAME: STREET ADDRESS: CITY ST ZIP: ☐ Change ☐ Addition
TYPE: DV NAME: WARRNER, THOMAS STREET ADDRESS: 771 DUNLAP CIRCLE CITY ST ZIP: WINTER SPRINGS FL	TYPE: NAME: STREET ADDRESS: 713 Ironwood Ct. CITY ST ZIP: Winter Springs, FL 32708 ☒ Change ☐ Addition
TYPE: NAME: STREET ADDRESS: CITY ST ZIP:	TYPE: Director NAME: MARK Houlton STREET ADDRESS: 23 Polstead Rd. CITY ST ZIP: Oxford, UK OX26TW ☐ Change ☒ Addition
TYPE: NAME: STREET ADDRESS: CITY ST ZIP:	TYPE: Director NAME: René Olivieri STREET ADDRESS: 61 Southmoor Rd. CITY ST ZIP: Oxford, UK OX26RF ☐ Change ☒ Addition
TYPE: NAME: STREET ADDRESS: CITY ST ZIP:	TYPE: NAME: STREET ADDRESS: CITY ST ZIP: ☐ Change ☐ Addition
TYPE: NAME: STREET ADDRESS: CITY ST ZIP:	TYPE: NAME: STREET ADDRESS: CITY ST ZIP: ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is, to the best of my knowledge, true and accurate and that this filing complies with the requirements of Section 607.1622, Florida Statutes. I further certify that the information indicated on this report or supplemental annual 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 12 or Block 13 with an address, with an asterisk, or attached with an asterisk.

SIGNATURE: X *Richard Werner* D. Michael Werner 4/21/95 407-677-0300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0048330 CP