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May 04, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J43041

1. Corporation Name
INFOSOURCE, INC.

Principal Place of Business
6947 UNIVERSITY BLVD
WINTER PARK FL 32792
US

Mailing Address
6947 UNIVERSITY BLVD
WINTER PARK FL 32792
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/13/1986

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent

WERNER, MICHAEL
6947 UNIVERSITY BLVD
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

81 Name Thomas W. Warner
82 Street Address (P.O. Box Number is Not Acceptable)
1653 University Blvd
83
84 City Winter Park FL 85 Zip Code 32792

11. Pursuant to the provisions of Sections 607.0502 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 Thomas W. Warner Thomas W. Warner 4/19/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WERNER, D. MICHAEL	1.2 NAME	
STREET ADDRESS	1516 OAKHURST AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	
TITLE	DV ☐ DELETE	2.1 TITLE	Director / President ☒ Change ☐ Addition
NAME	WARNER, THOMAS	2.2 NAME	
STREET ADDRESS	713 IRONWOOD CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	Director / VP Finance ☐ Change ☒ Addition
NAME	HOULTON, MARK	3.2 NAME	Linda O'Reilly
STREET ADDRESS	23 POLSTEAD RD	3.3 STREET ADDRESS	2253 Westminster Ten
CITY-ST-ZIP	OXFORD UK	3.4 CITY-ST-ZIP	Oviedo FL 32765
TITLE	D ☐ DELETE	4.1 TITLE	VP Corporate Develop. / Director ☐ Change ☒ Addition
NAME	OLIVERI, RENE	4.2 NAME	Timothy J. Klasson
STREET ADDRESS	61 SOUTHMOOR RD	4.3 STREET ADDRESS	5505 Milano Drive #1824
CITY-ST-ZIP	OXFORD UK	4.4 CITY-ST-ZIP	Orlando, FL 32810
TITLE	D ☐ DELETE	5.1 TITLE	VP Product Development / Director ☐ Change ☒ Addition
NAME	POYFAIR, PAUL	5.2 NAME	Paul Moorby
STREET ADDRESS	14951 N DALLAS PKWY	5.3 STREET ADDRESS	3700 Beech Tree Place
CITY-ST-ZIP	DALLAS TX	5.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas W. Warner Thomas W. Warner 4/19/99 (407) 677-0306
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)