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Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16651 (4)

1. Corporation Name

FACTS USER ADVISORY GROUP, INC.

Principal Place of Business

Mailing Address

NCT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324604 E. BALTIMORE PIKE
MEDIA PA 18063-1735

3. Date Incorporated or Qualified

09/04/1986

3a. Date of Last Report

10/22/1996

4. FEI Number

23-2540824

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for Intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 PD
NAME MOSIMAN, MARC C
STREET ADDRESS 13100 WAYZATA BLVD
CITY-ST-ZIP MINNETONKA MN☐ DELETE1.1 TITLE President
1.2 NAME Stewart, Jack D.
1.3 STREET ADDRESS P O Box 23790 N/A
1.4 CITY-ST-ZIP Louisville, KY 40223☐ Change☒ AdditionTITLE D
NAME RAUP, RICK
STREET ADDRESS 2020 BRICE RD, STE 204
CITY-ST-ZIP REYNOLDSBURG OH☐ DELETE2.1 TITLE Vice President
2.2 NAME Walter, Ronald
2.3 STREET ADDRESS 15 Spinning Wheel Rd., Suite 210
2.4 CITY-ST-ZIP Hinsdale, IL 60521☐ Change☒ AdditionTITLE S
NAME JOHNSON, HARRY H.
STREET ADDRESS 604 E. BALTIMORE PIKE
CITY-ST-ZIP MEDIA PA☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE TD
NAME STOWE, HARVEY L
STREET ADDRESS 3084 MERCER UNIV. DRIVE
CITY-ST-ZIP ATLANTA GA☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE D
NAME HARVEY, KENNETH
STREET ADDRESS 139 S. TRYON ST.
CITY-ST-ZIP CHARLOTTE NC☐ DELETE5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change☐ Addition

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harry H. Johnson III*, 1/22/97 610,565-3777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 610-565-3777

CR2E037 (9/96)