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Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA 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

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

604 E. BALTIMORE PIKE
MEDIA PA 19063

3. Date Incorporated or Qualified

09/04/1986

4. FEI Number

23-2540824

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

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

1.1 TITLE V/T
1.2 NAME Walter, Ronald
1.3 STREET ADDRESS 15 Spinning Wheel Rd.
1.4 CITY-ST-ZIP Hinsdale, IL

TITLE D
NAME RAUP, RICK
STREET ADDRESS 2020 BRICE RD, STE 204
CITY-ST-ZIP REYNOLDSBURG OH

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE S
NAME JOHNSON, HARRY H.
STREET ADDRESS 604 E. BALTIMORE PIKE
CITY-ST-ZIP MEDIA PA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME STOWE, HARVEY L
STREET ADDRESS 3084 MERCER UNIV. DRIVE
CITY-ST-ZIP ATLANTA GA

4.1 TITLE D
4.2 NAME Stowe, Harvey L
4.3 STREET ADDRESS 3084 Mercer Univ. Drive
4.4 CITY-ST-ZIP Atlanta GA

TITLE D
NAME HARVEY, KENNETH
STREET ADDRESS 139 S. TRYON ST.
CITY-ST-ZIP CHARLOTTE NC

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE P
NAME STEWART, JACK D
STREET ADDRESS P O BOX 23790 N/A
CITY-ST-ZIP LOUISVILLE KY

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

RECEIVED

1/23/98 610,565-3778

CR2E037 (10/97)