

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006367 (4)**

1. Corporation Name

**IDR STATISTICAL SERVICES, INC.**

Principal Place of Business

Mailing Address

**888 SE THIRD AVENUE  
SUITE 500  
FORT LAUDERDALE FL 33335-9002**

**888 SE THIRD AVENUE  
SUITE 500  
FORT LAUDERDALE FL 33316-1185**



3. Date Incorporated or Qualified **12/13/1996** 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0728387</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOVGREN, LORI A  
888 SE THIRD AVENUE  
SUITE 500  
FORT LAUDERDALE FL 33335-9002**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEEDIE, JAMES</b>	1.2 NAME	
STREET ADDRESS	<b>310 SOUTH MICHIGAN STREET</b>	1.3 STREET ADDRESS	<b>310 SOUTH MICHIGAN AVENUE</b>
CITY - ST - ZIP	<b>CHICAGO IL 60604</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, MARTHA W</b>	2.2 NAME	
STREET ADDRESS	<b>1650 MARKET STREET, SUITE 3400, 1 LIBERTY</b>	2.3 STREET ADDRESS	<b>1650 MARKET STREET, SUITE 3400, ONE LIBERTY PLACE</b>
CITY - ST - ZIP	<b>PHILADELPHIA PA 19103</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REICHERT, DOUGLAS</b>	3.2 NAME	
STREET ADDRESS	<b>1133 21ST STREET NW, SUITE 600</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WASHINGTON DC 20036</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEAN, KRISTINE</b>	4.2 NAME	
STREET ADDRESS	<b>310 SOUTH MICHIGAN STREET</b>	4.3 STREET ADDRESS	<b>310 SOUTH MICHIGAN AVENUE</b>
CITY - ST - ZIP	<b>CHICAGO IL 60604</b>	4.4 CITY - ST - ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMILLERI, MICHAEL J</b>	5.2 NAME	
STREET ADDRESS	<b>888 SE 3RD AVE, SUITE 500</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL 33335</b>	5.4 CITY - ST - ZIP	
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KINGSBAUM, TIMOTHY</b>	6.2 NAME	<b>Kingsbury, Timothy</b>
STREET ADDRESS	<b>310 SOUTH MICHIGAN STREET</b>	6.3 STREET ADDRESS	<b>310 SOUTH MICHIGAN AVENUE</b>
CITY - ST - ZIP	<b>CHICAGO IL 60604</b>	6.4 CITY - ST - ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

(954) 713-1364

Date

Daytime Phone # 0000879

CR2E037 (9/96)