

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90025 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 18538

1. Corporation Name

DateQ Information Network, Inc.

Principal Place of Business

Mailing Address

1000 Alderman Dr.
Alpharetta, GA 30005

1000 Alderman Dr.
Alpharetta, GA 30005

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3/23/88

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

25

29

30

4. FEI Number

58-1656902

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Prentice-Hall Corporation
1201 Nays Street
Tallahassee, FL 32301

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 607.0502 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

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 | Chairman, Director | <input type="checkbox"/> DELETE |
| NAME | C.B. Rogers, Jr. | |
| STREET ADDRESS | 2660 Peachtree Rd | |
| CITY-ST-ZIP | Atlanta, GA 30305 | |
| TITLE | President, Director | <input type="checkbox"/> DELETE |
| NAME | Derek V. Smith | |
| STREET ADDRESS | 15120 N. Valleyfield Rd | |
| CITY-ST-ZIP | Alpharetta, GA 30004 | |
| TITLE | Exec. VP, CFO, Treasurer, Director | <input type="checkbox"/> DELETE |
| NAME | Douglas C. Curling | |
| STREET ADDRESS | 330 Log House Ct. | |
| CITY-ST-ZIP | Roswell, GA 30075 | |
| TITLE | Senior Vice President | <input type="checkbox"/> DELETE |
| NAME | David T. Lee | |
| STREET ADDRESS | 649 Lakeshore Dr. | |
| CITY-ST-ZIP | Duluth, GA 30096 | |
| TITLE | General Counsel, Secretary | <input type="checkbox"/> DELETE |
| NAME | J. Michael de Janes | |
| STREET ADDRESS | 4588 Holstein Hill | |
| CITY-ST-ZIP | Norcross, GA 30092 | |
| TITLE | Asst. Secretary | <input type="checkbox"/> DELETE |
| NAME | Mary M. Young | |
| STREET ADDRESS | 1290 Old Woodbine Rd | |
| CITY-ST-ZIP | Atlanta, GA 30319 | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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:

J. Michael de Janes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/99

Date

Daytime Phone #

CR2E034 (11/98)