FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30865 (0)

1. Corporation Name
MARKET INFORMATION CORPORATION

Principal Place of Business
3 TRIAD CENTER
SUITE 100
SALT LAKE CITY UT 84101-1503

Mailing Address
(UNION)
7050 UNION PARK CENTER
MIDVALE UT 84047

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/05/1990**
3a. Date of Last Report: **07/12/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **87-0474518** ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	MCQUINN, CHARLES	1.2 NAME	
STREET ADDRESS	~~19 WEST SOUTH TEMPLE~~	1.3 STREET ADDRESS	3 TRIAD CENTER #100
CITY-ST-ZIP	SALT LAKE CITY UT	1.4 CITY-ST-ZIP	SALT LAKE CITY UT 84101-1503
TITLE	SC	2.1 TITLE	☐ Change ☐ Addition
NAME	BENSON, REED L.	2.2 NAME	
STREET ADDRESS	7050 UNION PARK CNT.#650	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIDVALE UT	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	EGAN, DWIGHT H.	3.2 NAME	
STREET ADDRESS	7050 UNION PARK CNT.#650	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIDVALE UT	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CROCKETT, DENNIS L.	4.2 NAME	
STREET ADDRESS	7050 UNION PARK CNT.#650	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIDVALE UT	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	MCFARLAND, RON	5.2 NAME	
STREET ADDRESS	19 W SOUTH TEMPLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	5.4 CITY-ST-ZIP	
TITLE	CFO	6.1 TITLE	☐ Change ☐ Addition
NAME	NICK RUITENBERG	6.2 NAME	
STREET ADDRESS	7050 UNION PARK CENTER 650	6.3 STREET ADDRESS	
CITY-ST-ZIP	UNIDVALE UT 84047	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: _____ 4/27/95 (801) 562-2252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478962 FP