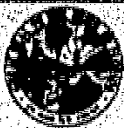


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P30865

(0)

85 MAY -1 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCQUINN, CHARLES
STREET ADDRESS 19 WEST SOUTH TEMPLE
CITY - ST - ZIP SALT LAKE CITY UT

TITLE SC
NAME BENSON, REED L.
STREET ADDRESS 7050 UNION PARK CNT.#650
CITY - ST - ZIP MIDVALE UT

TITLE D
NAME EGAN, DWIGHT H.
STREET ADDRESS 7050 UNION PARK CNT.#650
CITY - ST - ZIP MIDVALE UT

TITLE D
NAME CROCKETT, DENNIS L.
STREET ADDRESS 7050 UNION PARK CNT.#650
CITY - ST - ZIP MIDVALE UT

TITLE V
NAME MCFARLAND, RON
STREET ADDRESS 19 W SOUTH TEMPLE
CITY - ST - ZIP SALT LAKE CITY UT

TITLE CFO
NAME NICK RUITENBERG
STREET ADDRESS 7050 UNION PARK CENTER 650
CITY - ST - ZIP MIDVALE UT 84047

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

3 TRIAD CENTER #100
SALT LAKE CITY UT 84101-1503

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 110.07(3)(k), Florida Statutes. I further certify that the information 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if provided, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 (501) 562-2252