FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P37647** **(5)**

1. Corporation Name
NEODATA SERVICES, INC.

Principal Place of Business
833 W SOUTH BOULDER RD
LOUISVILLE CO 80027

Mailing Address
833 W SOUTH BOULDER RD
LOUISVILLE CO 80027

3. Date Incorporated or Qualified: 02/26/1992
3a. Date of Last Report: 03/31/1995

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) Country (25) / Zip (29) Country (30)

4. FEI Number: 75-2333190 — 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
C T CORPORATION SYSTEM
1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	C	☒ DELETE
NAME	TURNER, WILLIAM J	
STREET ADDRESS	833 W SOUTH BOULDER RD	
CITY-ST-ZIP	LOUISVILLE CO	
TITLE	D	☐ DELETE
NAME	BURGHARDT, KURT J.	
STREET ADDRESS	833 W. SOUTH BOULDER RD.	
CITY-ST-ZIP	LOUISVILLE CO	
TITLE	~~PF~~	☐ DELETE
NAME	JONES, A ~~LAWRENCE~~	
STREET ADDRESS	833 W. SOUTH BOULDER RD	
CITY-ST-ZIP	LOUISVILLE CO	
TITLE	V	☐ DELETE
NAME	CUCCARO, NICHOLAS J	
STREET ADDRESS	833 W SOUTH BOULDER ROAD	
CITY-ST-ZIP	LOUISVILLE CO	
TITLE	V	☐ DELETE
NAME	ANHUT, ~~FRANCIE~~	
STREET ADDRESS	833 W SOUTH BOULDER RD	
CITY-ST-ZIP	LOUISVILLE CO	
TITLE	V	☐ DELETE
NAME	MORSE, SUSAN L	
STREET ADDRESS	833 W SOUTH BOULDER RD	
CITY-ST-ZIP	LOUISVILLE CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	☐ Change ☒ Addition
1.2 NAME	Furst, Jack D.	
1.3 STREET ADDRESS	833 W.S. Boulder Road	
1.4 CITY-ST-ZIP	Louisville, CO 80027	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Harbison, Thomas O.	
2.3 STREET ADDRESS	833 W.S. Boulder RD	
2.4 CITY-ST-ZIP	Louisville, CO 80027	
3.1 TITLE	P/D	☒ Change ☐ Addition
3.2 NAME	Jones, A. Laurence	
3.3 STREET ADDRESS	833 W.S. Boulder RD	
3.4 CITY-ST-ZIP	Louisville, CO 80027	
4.1 TITLE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
4.2 NAME	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
4.3 STREET ADDRESS	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
4.4 CITY-ST-ZIP	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
5.1 TITLE	V	☒ Change ☐ Addition
5.2 NAME	Anhut, Frances M.	
5.3 STREET ADDRESS	833 W.S. Boulder RD	
5.4 CITY-ST-ZIP	Louisville, CO 80027	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	Schnitzer, Bruce W.	
6.3 STREET ADDRESS	833 W.S. Boulder RD	
6.4 CITY-ST-ZIP	Louisville, CO 80027	

CR2E034 (12/95)

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)(k), 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 in an attachment with an address.

SIGNATURE: _____ 1/19/96 (303) 666-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Nicholas J. Cuccaro