

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

FILED

May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/26/1992	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 75-2333190		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

Signature typed or printed name of registered agent and block if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FURST, JACK D.	1.2 NAME	G. Stuart Reeves
STREET ADDRESS	833 W SOUTH BOULDER RD	1.3 STREET ADDRESS	833 W South Boulder Rd.
CITY-ST-ZIP	LOUISVILLE CO	1.4 CITY-ST-ZIP	Louisville, CO 80027
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURGHARDT, KURT J.	2.2 NAME	Gary J Fernandez
STREET ADDRESS	833 W. SOUTH BOULDER RD.	2.3 STREET ADDRESS	833 W South Boulder Rd.
CITY-ST-ZIP	LOUISVILLE CO	2.4 CITY-ST-ZIP	Louisville, CO 80027
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	President & CEO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, A. LAURENCE	3.2 NAME	Robert McCashin
STREET ADDRESS	833 W. SOUTH BOULDER RD	3.3 STREET ADDRESS	833 W South Boulder Rd.
CITY-ST-ZIP	LOUISVILLE CO	3.4 CITY-ST-ZIP	Louisville, CO 80027
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUCCARO, NICHOLAS J	4.2 NAME	
STREET ADDRESS	833 W SOUTH BOULDER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE CO	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANHUT, FRANCES M.	5.2 NAME	Shirley J Marble
STREET ADDRESS	833 W SOUTH BOULDER RD	5.3 STREET ADDRESS	833 W South Boulder Rd.
CITY-ST-ZIP	LOUISVILLE CO	5.4 CITY-ST-ZIP	Louisville, CO 80027
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORSE, SUSAN L	6.2 NAME	William J Benac
STREET ADDRESS	833 W SOUTH BOULDER RD	6.3 STREET ADDRESS	833 W South Boulder Rd.
CITY-ST-ZIP	LOUISVILLE CO	6.4 CITY-ST-ZIP	Louisville, CO 80027

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.

SIGNATURE: *Robert McCashin* Senior VP & CFO 4-28-98 303-666-7000

CR2E034 (10/97)