

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

FILED  
Feb 20 1996 8:00 am  
Secretary of State

DOCUMENT # P93000023557 (0)

1. Corporation Name

INSURANCE DATA RESOURCES, INC.



Principal Place of Business

Mailing Address

C/O KATHY DURDIN  
201 E. KENNEDY STE. #2050  
TAMPA FL 33602

C/O KATHY DURDIN  
201 E. KENNEDY STE. #2050  
TAMPA FL 33602

3. Date Incorporated or Qualified  
03/30/1993

3a. Date of Last Report  
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

4. FEI Number  
65-0401569

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

CAMILLERI, MICHAEL  
2255 GLADES ROAD, SUITE 342W  
BOCA RATON FL 33431

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 the if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BEEDIE, JAMES  
STREET ADDRESS 810 S. MICHIGAN AVE., SUITE 1900  
CITY- ST- ZIP CHICAGO IL 60604

TITLE ☐ DELETE

NAME DURDIN, KATHY  
STREET ADDRESS 201 E. KENNEDY, STE. 2050  
CITY- ST- ZIP TAMPA FL 33602

TITLE ☒ DELETE

NAME HILTON, ROBERT  
STREET ADDRESS 3637 SHADWICK PLACE  
CITY- ST- ZIP HOOVER PLACE AL 35242

TITLE ☐ DELETE

NAME MURRAY, MARTHA W  
STREET ADDRESS 1630 MARKET ST., SUITE 3400  
CITY- ST- ZIP PHILADELPHIA PA 19103

TITLE ☐ DELETE

NAME REICHERT, DOUG  
STREET ADDRESS 1133 21ST STREET, N.W., STE. 600  
CITY- ST- ZIP WASHINGTON DC 20036

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

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 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 on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)