FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000023557 (0)**

1. Corporation Name
INSURANCE DATA RESOURCES, INC.

Principal Place of Business
C/O KATHY DURDIN
201 E. KENNEDY STE. #2050
TAMPA FL 33602

Mailing Address
C/O KATHY DURDIN
201 E. KENNEDY STE. #2050
TAMPA FL 33602-5828

3. Date Incorporated or Qualified: 03/30/1993
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business
21 5355 TOWN CENTER RD
Suite, Apt. #, etc. 22
City & State 23 BOCA RATON, FLORIDA
Zip 24 33486 Country 25 USA

2a. Mailing Address
26 5355 TOWN CENTER RD
Suite, Apt. #, etc. 27
City & State 28 BOCA RATON FLORIDA
Zip 29 33486 Country 30 USA

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

9. Name and Address of Current Registered Agent
CAMILLERI, MICHAEL
888 S.E. 3RD AVE.
SUITE 500
FT. LAUDERDALE FL 33335-9002

10. Name and Address of New Registered Agent
81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 5355 TOWN CENTER RD
83
84 City: BOCA RATON FL 85 Zip Code: 33486

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: (If changing Registered Office/Registered Agent, not both, signature required) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D, C BEEDIE, JAMES 310 S. MICHIGAN AVE., SUITE 1900 CHICAGO IL 60604 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DIRECTOR + EXEC. V.P. KRISTINE BEAN 310 S. Michigan Ave, Suite 1900 Chicago, IL 60604 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DURDIN, KATHY 201 E. KENNEDY, STE. 2050 TAMPA FL ☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	TREASURER, V.P. TIMOTHY D. KINGSBURY 310. S. Michigan Ave, Suite 1900 Chicago, IL 60604 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VC MURRAY, MARTHA W 1630 MARKET ST., SUITE 3400 PHILADELPHIA PA 19103 ☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Secretary, V.P. MARVIN A. TONENBAUM 310 S. Michigan, Suite 1900 Chicago, IL 60604 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D% CEO REICHERT, DOUG 1133 21ST STREET, N.W., STE. 600 WASHINGTON DC ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	PRESIDENT MICHAEL CAMILLERI 5355 TOWN CENTER RD BOCA RATON, FL 33486 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: Marvin A. Tonenbaum 3/21/97 312-347-5914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #