**PROFIT** CORPORATION ANNUAL REPORT 1999

INSURANCE DATA RESOURCES, INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harriş

Secretary of State DIVISION OF CORPORATIONS 99 MIG -5 PH 3:52 AGEORITAN OF STATE



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Principal Place of Business	Mailing Address	Mailing Address		. 88116 11668 11161 21161 21111 1961 1861
5200 TOWN CENTER CIR SUITE 500 BOCA RATON FL 33486	5200 Town Center Cir. Suite 500 Boca Raton Fl. 33486	SUITE 500		THIS SPACE
US	US			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0401569	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	2ip Cou 29 30	intry	This corporation owes the current year     Intengible Personal Property.	Yes No
9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent				
MISORANCE DATA RESOURCES, INC.				-Inc.
			Street Address (P.O. Box Number is Not Acceptable)  C/O CT Corporation System	
5200 TOWN CENTER CIR. SUITE 500 BACA RATON FL 33486		83	1200 S. Pine Island Road	
		84 City	lentetion	FL 85 Zip Code 33324

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 Stock change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, the majority with and accept the obligations of section 607,0505 Elected Statutes.

agent. I am familiar with, and accept the obligations of, section 607,0505, Florida Statutes.							
SIGNATURE COMME 13mgcm Spec. Osst. Social States of Signature required when reinstating)  Signature required when reinstating)  DATE  (NOTE Represent signature required when reinstating)							
12.	State 1997 of the participated agent and bits if applicable (NO OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	CD SELETE	1.1 YITLE	Change Addition				
NAME	BEEDIE, JAMES	1.2 NAME					
STREET ADDRESS	310 S. MICHIGAN AVE., SUITE 1900	1.3 STREET ADDRESS	See Attachment				
CITY-ST-ZIP	CHICAGO IL 60604	1.4 CITY-ST-ZIP					
TITLE	VCMD DELETE	21 TITLE	Change Addition				
NAME	Murray, Martha W	2 2 NAME	See Attachnebnt				
STREET ADDRESS	1630 MARKET STREET, SUITE 3400	2 3 STREET ADORESS	0000029\$528809				
CITY-ST-ZIP	PHILADELPHIA PA 19103	2.4 CITY-ST-ZiP	- <u>იგ/10/990101</u> /ს <i>ქ</i> ნ				
TITLE	VCMD DELETE	3 1 TITLE	****558.75* <b>***</b> \$558aoi&a				
NAME	REICHERT, DOUGLAS	3 2 NAME	See Attachment				
STREET ADDRESS	1133 21ST STREET NW, SUITE 600	3 3 STREET ADDRESS					
CITY-ST-ZIP	WASHINGTON DC 20036	3.4 CiTY-ST-ZiP					
TITLE	P DELETE	4.1 TITLE	Change Addition				
NAME	CAMILLERI, MICHAEL	4.2 NAME					
STREET ADDRESS	5200 TOWN CENTER CIR., S-500	4.3 STREET ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33486	4.4 CITY-ST-ZIP					
TITLE	TVP	51 TITLE	Change Addition				
NAME	KINGSBURY, TIMOTHY D.	52 NAME	See Attachment				
STREET ADDRESS	310 S. MICHIGAN AVE., STE. 1900	5 3 STREET ADDRESS	Mrs. Colo				
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	<u> </u>				
TITLE	SVP	6 1 TITLE	Change Addition				
NAME	TENENBAUM, MARVIN A.	6.2 NAME	See Attachment				
STREET ANDRESS 1	310 S. MICHIGAN STF 1900	6.3 STREET ADDRESS	see Attaciment				

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 change. Or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

CITY-ST-ZIP

CHICAGO IL

212-888-6679



## **INSURANCE DATA RESOURCES (IDR)**

LIST OF DIRECTORS AND OFFICER'S 1999

Director

Fred Marcon

7 World Trade Center, 17th Floor New York, New York 10048

Secretary

James Langell

7 World Trade Center, 17th Floor New York, New York 10048

President

Michael Camilleri

5200 Town Center Circle

Suite 500

Boca Raton, Florida 33496

Vice President &

**Chief Operating Officer** 

Anthony Grippa

5200 Town Center Circle

Suite 500

Boca Raton, Florida 33496