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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P97000083185
1. Corporation Name	1 07 000000100

1. Corporation Name INFORMATION CONSORTIUM INC	0083185 C			
Principal Place of Business	Mailing Address	•	1 : MALIENE IM INTIL INDITE MALIE MALLE MALIE	ININI HAIND IIENI ISANI ININI NISE INDI
2351 ISLAND SHORE DR. SOUTH JACKSONVILLE FL 32218	P O BOX 17342 JACKSONVILLE FL 32245 US		DO NOT WRITE IN T	HIS SPACE
2. Principal Place of Business	2a. Mailing Address		10/01/1997 4. FEI Number	Applied For
21 12911 Forest Glen C			59-3469075	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27		J. Certificate of Status Desired	Fee Required
City & State	City & State		6. Efection Campaign Financing	\$5.00 May Be
Zip FL Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24 32224 25 USA	ļ	30	This corporation owes the current yea Personal Property Tax	rintangibie []Yes [∠Klo
9. Name and Address of Cur			10. Name and Address of New Registe	
SIGNATURE	0502 and 607 1508, Florida Statiste ate of Florida, Such change was au igations of Section 607 0505, Flor	83 84 City	AKKSon vi 1/C. poration submits this statement for the purposion's board of directors. I hereby accept the ap	FL 85 Zip Code 32224 e of changing its registered population as registered
	AND DIRECTORS	T 13	ADDITIONS/CHANGES TO DEDICED	
TITLE MP	E.) DELETE	1111111	MP C Look	Change [] Addition
NAME NEWSOME, STEPHEN	6.1 mm 4	1.2 NAME	Vewsome, Stephen	
STREET ADDRESS 2351 ISLAND SHORE DR. S	OUTH	10 STREET ADDRESS	12911 Ferest Glen Ct	2211
CITY-ST-ZIP JACKSONVILLE FL 32218		14 CITY-ST-ZIP 21 TITLE	Jacksonville, FL 32	[Change [] Addition
NAME	L) beter	2 2 NAME		[Lougide El Madition
STREET ADDRESS		23 STREET ADDRESS		
CITY-ST-ZIP		2 4 CHY-ST-ZIP	กดดดดดด	171701
TITLE	[] DELETE	3171716	0000029 C -06/17/93	n Pege_n5 Addition
NAME		3 2 NAME	****150.	01013021 00 ****150.00
STREET ADDRESS		3.3 STREET ADDRESS	*****130.(DO ****1JU.U8
CITY-ST-ZIP		3.4_CITY-\$1-7IP		
TITLE	[] DELETE	4 1 TITLE		[] Change [] Addition
NAME		4 2 NAME		

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 acceiver of 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 onyany attachment with an address that I all other like empowered.

43 STREET ADDRESS

53 STREET ADDRESS

63 STREET ADDRESS

64 CHY-ST-ZIP

4.4 CITY-ST-ZIF

5.4 CiTY-ST-Z#

51 TITLE

5.2 NAME

6 1 TITLE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

[| DELETE

DELETE

(904) 223-0390

[| Change

[|Add-bon

[] Addition