

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V65830

FILED
Jan 29, 2010
Secretary of State

Entity Name: AI INSIGHT, INC.

Current Principal Place of Business:

4901 VINELAND RD.
STE. 450
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

4901 VINELAND RD.
STE. 450
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: 59-3145074 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,VP
Name: SWATI, ABBOTT
Address: 4901 VINELAND RD., STE. 450
City-St-Zip: ORLANDO, FL 32811

Title: VP
Name: INIGUEZ, RUBI
Address: 2 NEWTON PLACE, SUITE 350
City-St-Zip: NEWTON, MA 02458

Title: VP
Name: SIMONTON, RENEE
Address: 1105 NORTH MARKET STREET
City-St-Zip: WILMINGTON, DE 19801

Title: T
Name: FOGARTY, KENNETH E
Address: 2 NEWTON PLACE - SUITE 350
City-St-Zip: NEWTON, MA 02458 37

Title: VPS
Name: SEELEY, MARK
Address: 2 NEWTON PLACE - SUITE 350
City-St-Zip: NEWTON, MA 02458 37

Title: D, P
Name: HANSEN, MICHAEL
Address: 1600 JOHN F KENNEDY BLVD
City-St-Zip: PHILADELPHIA, PA 19103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RENEE SIMONTON

VP

01/29/2010

Electronic Signature of Signing Officer or Director

_____ Date