

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V65830

Entity Name: AI INSIGHT, INC.**Current Principal Place of Business:**4901 VINELAND RD.
STE. 450
ORLANDO, FL 32811**Current Mailing Address:**4901 VINELAND RD.
STE. 450
ORLANDO, FL 32811 US**FEI Number: 59-3145074****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	D, P
Name	KELSEY, MARK
Address	1000 ALDERMAN DR
City-State-Zip:	ALPHARETTA GA 30005

Title	VP
Name	DANGOIA, PETER
Address	2 NEWTON PLACE, SUITE 350
City-State-Zip:	NEWTON MA 02458

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

Title	T, D
Name	FOGARTY, KENNETH E
Address	255 WASHINGTON ST
City-State-Zip:	NEWTON MA 02458

Title	S, D
Name	SIDEWATER, MEREDITH
Address	1000 ALDERMAN DR
City-State-Zip:	ALPHARETTA GA 30005

Title	DIRECTOR
Name	GOLDWEITZ, JULIE
Address	125 PARK AVE
City-State-Zip:	NEW YORK NY 10017

Title	DIRECTOR
Name	THOMPSON, KENNETH
Address	9443 SPRINGBORO PIKE
City-State-Zip:	MIAMISBURG OH 45342

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**VICE PRESIDENT****03/08/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date