

**2016 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:**1105 NORTH MARKET ST  
SUITE 501  
WILMINGTON, DE 19801 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         | 313 WASHINGTON ST |
| 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         | 313 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

01/24/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date