

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90011 049 ***550.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # *F980000014 93*

1. Entity Name
Gartner Group, Inc ✓

Principal Place of Business *56 Top Gallant Road*
Stamford, CT 06904

Mailing Address

2. Principal Place of Business
Same as above

3. Mailing Address
Same as Principal Place of Bus

Suite, Apt. #, etc.

City & State

Zip **Country**

4. FEI Number
04-3099750

Applied For
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT Corporation System
Registered office
1200 South Pine Island Road
c/o CT Corporation System
Plantation, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** **Zip Code**

8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <i>CEO</i>	☐ Delete	TITLE <i>Director</i>	☐ Change ☐ Addition
NAME <i>Michael Fleisher</i>		NAME <i>Max Hopper</i>	
STREET ADDRESS <i>56 Top Gallant Rd.</i>		STREET ADDRESS <i>56 Top Gallant Rd.</i>	
CITY-ST-ZIP <i>Stamford CT 06904</i>		CITY-ST-ZIP <i>Stamford CT 06904</i>	
TITLE <i>Vice President</i>	☐ Delete	TITLE <i>Director</i>	☐ Change ☐ Addition
NAME <i>Régina Padilla</i>		NAME <i>Dennis Sisco</i>	
STREET ADDRESS <i>56 Top Gallant Rd.</i>		STREET ADDRESS <i>56 Top Gallant Rd.</i>	
CITY-ST-ZIP <i>Stamford CT 06904</i>		CITY-ST-ZIP <i>Stamford CT 06904</i>	
TITLE <i>Secretary</i>	☐ Delete	TITLE <i>Director</i>	☐ Change ☐ Addition
NAME <i>Cathy Satz</i>		NAME <i>Kenneth Roman</i>	
STREET ADDRESS <i>56 Top Gallant Rd.</i>		STREET ADDRESS <i>56 Top Gallant Rd.</i>	
CITY-ST-ZIP <i>Stamford CT 06904</i>		CITY-ST-ZIP <i>Stamford CT 06904</i>	
TITLE <i>Treasurer</i>	☐ Delete	TITLE <i>Director</i>	☐ Change ☐ Addition
NAME <i>Andrea Tarbox</i>		NAME <i>Stephen Pagliuca</i>	
STREET ADDRESS <i>56 Top Gallant Rd.</i>		STREET ADDRESS <i>56 Top Gallant Rd.</i>	
CITY-ST-ZIP <i>Stamford CT 06904</i>		CITY-ST-ZIP <i>Stamford CT 06904</i>	
TITLE <i>President</i>	☐ Delete	TITLE <i>Reger McNamee, Director</i>	☐ Change ☐ Addition
NAME <i>William R. McDermott</i>		NAME <i>Glenn Hutchins, Director</i>	
STREET ADDRESS <i>56 Top Gallant Rd.</i>		STREET ADDRESS <i>56 Top Gallant Rd.</i>	
CITY-ST-ZIP <i>Stamford CT 06904</i>		CITY-ST-ZIP <i>Stamford CT 06904</i>	
TITLE <i>William Grabe, Director</i>	☐ Delete		
NAME <i>William Grabe, Director</i>			
STREET ADDRESS <i>56 Top Gallant Road</i>			
CITY-ST-ZIP <i>Stamford CT 06904</i>			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cathy Satz* *Cathy S. Satz, Secretary* *203-316-6857*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)