2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2016
Secretary of State
CC4317783883

DOCUMENT# F98000001493

Entity Name: GARTNER, INC.

Current Principal Place of Business:

56 TOP GALLANT ROAD
STAMFORD, CT 06904

Current Mailing Address:

56 TOP GALLANT ROAD
STAMFORD, CT 06904 US

FEI Number: 04-3099750

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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	CEO
Name	HALL, EUGENE A.
Address	56 TOP GALLANT ROAD
City-State-Zip:	STAMFORD CT 06904

Title	TREASURER
Name	CALLAHAN, BRIAN
Address	56 TOP GALLANT ROAD
City-State-Zip:	STAMFORD CT 06904

Title	DIRECTOR
Name	BINGLE, MICHAEL J.
Address	56 TOP GALLANT ROAD
City-State-Zip:	STAMFORD CT 06904

Title	DIRECTOR
Name	CESAN, RAUL
Address	56 TOP GALLANT ROAD
City-State-Zip:	STAMFORD CT 06904

Title	SECRETARY
Name	SCHWARTZ, LEWIS G.
Address	56 TOP GALLANT ROAD
City-State-Zip:	STAMFORD CT 06904

Title	ASSISTANT SECRETARY
Name	KRETZMAN, CLARE A.
Address	56 TOP GALLANT ROAD
City-State-Zip:	STAMFORD CT 06904

Title	DIRECTOR
Name	BRESSLER, RICHARD J.
Address	56 TOP GALLANT ROAD
City-State-Zip:	STAMFORD CT 06904

Title	DIRECTOR
Name	DYKSTRA, KAREN E.
Address	56 TOP GALLANT ROAD
City-State-Zip:	STAMFORD CT 06904

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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: CLARE A. KRETZMAN ASSISTANT SECRETARY 03/30/2016

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	FUCHS, ANNE SUTHERLAND
Address	56 TOP GALLANT ROAD
City-State-Zip:	STAMFORD CT 06904

Title	DIRECTOR
Name	PAGLIUCA, STEPHEN
Address	56 TOP GALLANT ROAD
City-State-Zip:	STAMFORD CT 06904

Title	DIRECTOR
Name	GRABE, WILLIAM O.
Address	56 TOP GALLANT ROAD
City-State-Zip:	STAMFORD CT 06904

Title	DIRECTOR
Name	SMITH, JAMES C.
Address	56 TOP GALLANT ROAD
City-State-Zip:	STAMFORD CT 06904