2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0000001403

Title:

Name:

Address:

City-St-Zip:

() Delete

ETTER, THOMAS J

708 THIRD AVENUE

NEW YORK, NY 10017

FILED Apr 23, 2007 Secretary of State

	IE. INFORMA	SUPPORT SERVICES, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
	JR ANDERSON A, FL 34232	NPKWY STE 100				
Current Mailing Address:			New Mailing Address:			
170 WEST DRAPER, U		AD, SUITE 201				
FEI Number:	59-3435175	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
1201 HAYS	TION SERVICE STREET SEE, FL 3230 [.]					
The above in the State		ıbmits this statement for the pu	rpose of changing it	ts registered off	ce or registered agent, or bo	:h,
SIGNATUR						
	Electronic				Data .	_
		Signature of Registered Agen	t		Date	_
Election Carr		Signature of Registered Agen Trust Fund Contribution ().	t		Date	_
		Trust Fund Contribution().		S/CHANGES T	O OFFICERS AND DIRECT	_ ORS:
	paign Financing	Trust Fund Contribution (). ORS: Delete TH B I DRIVE				ORS:
OFFICERS Title: Name: Address:	Paign Financing AND DIRECT PD () [BOHLIN, KENNE ONE RESEARCH WESTBOROUGH T () [KERSWELL, MA	Trust Fund Contribution (). ORS: Delete TH B I DRIVE I, MA 01581 Delete RK DERSON PKWY, STE 100	ADDITION Title: Name: Address:	()(O OFFICERS AND DIRECT Change () Addition Change () Addition //N DRIVE	ORS:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SD

ETTER, THOMÁS J

NEW YORK, NY 10004

17 STATE STREET 32ND FLOOR

(X) Change () Addition

SIGNATURE: SCOTT ROGERS VΡ 04/23/2007