

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000004474

1. Entity Name

IMS HEALTH INCORPORATED

Principal Place of Business

200 NYALA FARMS
WESTPORT CT 06880

Mailing Address

200 NYALA FARMS
WESTPORT CT 06880

2. Principal Place of Business

1499 Post Road
Suite, Apt. #, etc.

3. Mailing Address

1499 Post Road
Suite, Apt. #, etc.

City & State

Fairfield, CT

City & State

Fairfield, CT

Zip

06430

Country

USA

Zip

06430

Country

USA

4. FEI Number

06-1506026

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP GILLES, PAJOT 7 HAREWOOD AVENUE LONDON UK NW-16JB	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO THOMAS, DAVID M 200 NYALA FARMS ROAD WESTPORT CT 06880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MALONE, JAMES C 200 NYALA FARMS WESTPORT CT 06880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRIEDMAN, MATTHEW L 200 NYALA FARMS WESTPORT CT 06880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEINFELD, ROBERT H 200 NYALA FARMS ROAD WESTPORT CT 06880	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TIMMINS, WENDY 7 HAREWOOD AVENUE LONDON UK NW-16JB	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Robin Y. Nance 1499 Post Road Fairfield, CT 06430	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1499 Post Road Fairfield, CT 06430	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO Nancy E. Cooper 1499 Post Road Fairfield, CT 06430	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Acting Treasurer John Walsh 1499 Post Road Fairfield, CT 06430	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1499 Post Road Fairfield, CT 06430	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Controller Leslye Katz 1499 Post Road Fairfield, CT 06430	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Robin Y. Nance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02

203-319-4587

Date Daytime Phone #

Robin Y. Nance - Assistant Corporate Secretary

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-15-2002 90097 043 ***150.00

93080



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Attachment

93080

IMS Health Incorporated

Certified Receipt 7001 1940 0006 1051 5097

Maryanne Piorek
Senior Manager - Tax Compliance
Corporate Tax Department

1499 Post Rd. Fairfield, CT 06430
203-319-4587
Fax: 203-319-4663

June 11, 2002

Divisions of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: IMS Health, Incorporated
F.E.I.N. 06-1506026
Reference #: F00000004474
2002 Florida Uniform Business Report

Enclosed is a notice dated May 22, 2002 for the above-mentioned corporation. This notice indicates that the 2002 annual report we submitted for IMS Health, Inc. does not have the person that signed the annual report listed as a current officer/director of the corporation. We erroneously failed to list the signer of the report as a current officer of the company. Therefore we are resubmitting the annual report to reflect the signing officer of this report as a current officer of the company. We apologize for this oversight.

Kindly acknowledge receipt of the enclosed by stamping the duplicate of this letter and return it in the stamped self-addressed envelope enclosed for your convenience.

Very truly yours,

Maryanne Piorek

Maryanne Piorek
Senior Manager - Tax Compliance