

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90297 017 ***150.00

DOCUMENT # F00000004474
 1. Entity Name
IMS HEALTH INCORPORATED



Principal Place of Business Mailing Address
 1499 POST RD. 1499 POST RD.
 FAIRFIELD, CT 06824 FAIRFIELD, CT 06824

DO NOT WRITE IN THIS SPACE

40007000



04172006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1506026	Applied For Not Applicable
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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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NANCE, ROBIN Y 1499 POST RD. FAIRFIELD, CT 06824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CARLUCCI, DAVID R 1499 POST RD. FAIRFIELD, CT 06824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO COOPER, NANCY E 1499 POST ROAD FAIRFIELD, CT 06824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORD, JEFFREY J 1499 POST RD. FAIRFIELD, CT 06824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGC STEINFELD, ROBERT H 1499 POST RD. FAIRFIELD, CT 06824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC KATZ, LESLYE G 1499 POST ROAD FAIRFIELD, CT 06824

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robin Y. Nance **Robin Y. Nance** 4/19/06 203-319-4587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ims

ATTACHMENT

40087860
#F000000024474

Division of Corporations
Uniform Business Report Filings
P.O. Box 6198
Tallahassee, FL 32314

Certified 7005 3110 0001 6630 0434
1499 Post Road
Fairfield, CT 06824

April 26, 2006

RE: IMS Health Incorporated
I.D. NO. 06-1506026
REF.: 2006 Florida Uniform Business Report (Annual Report)

Ladies and or/Gentlemen:

Enclosed herewith please find the following for the above-cited company:

- Income/Franchise Tax Return, Form No.: _____
- Estimated Tax Report, Form No.: _____
- Extension Request, Form No.: _____
- Other: Description: 2006 Florida Uniform Business Report (AR)

Form No.: _____

for the period January 1 - December 31, 20 06

Also enclosed is our check number 433570 in the amount of \$150.00
in satisfaction of the required amount due, if any.

Please 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
Director – US Tax



ATTACHMENT

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