


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90070 047 ***150.00

DOCUMENT # F0000004474

1. Entity Name
IMS HEALTH INCORPORATED



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

40107354



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
901 Main Avenue **901 Main Avenue**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 612 **Suite 612**

04242007 Chg-P CR2E034 (12/06)

City & State City & State
Norwalk, CT **Norwalk, CT**
 Zip Country Zip Country
06851 **USA** **06851** **USA**

4. FEI Number Applied For
06-1506026 Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NANCE, ROBIN Y 1499 POST RD. FAIRFIELD, CT 06824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Nance, Robin Y 901 Main Ave., Suite 612 Norwalk, CT 06851 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CARLUCCI, DAVID R 1499 POST RD. FAIRFIELD, CT 06824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Carlucci, David R 901 Main Ave., Suite 612 Norwalk, CT 06851 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO COOPER, NANCY E 1499 POST ROAD FAIRFIELD, CT 06824 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP & CDO Pajot, Gilles VJ 901 Main Avenue, Suite 612 Norwalk, CT 06851 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORD, JEFFREY J 1499 POST RD. FAIRFIELD, CT 06824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Ford, Jeffrey J 901 Main Ave., Suite 612 Norwalk, CT 06851 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGC STEINFELD, ROBERT H 1499 POST RD. FAIRFIELD, CT 06824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGC Steinfeld, Robert H 901 Main Ave., Suite 612 Norwalk, CT 06851 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC KATZ, LESLYE G 1499 POST ROAD FAIRFIELD, CT 06824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCFO Katz, Leslye G 901 Main Ave., Suite 612 Norwalk, CT 06851 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 203-845-5240

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