

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90002 033 ***150.00

DOCUMENT # F00000004474					
1. Entity Name IMS HEALTH INCORPORATED					
Principal Place of Business 901 MAIN AVENUE SUITE 612 NORWALK, CT 06851			Mailing Address 901 MAIN AVENUE SUITE 612 NORWALK, CT 06851		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FE# Number 06-1506026	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent 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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE AS NAME NANCE, ROBIN Y STREET ADDRESS 901 MAIN AVENUE SUITE 612 CITY-ST-ZIP NORWALK, CT 06851	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE CEO NAME CARLUCCI, DAVID R STREET ADDRESS 901 MAIN AVENUE SUITE 612 CITY-ST-ZIP NORWALK, CT 06851	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VCOO NAME PAJOT, GILLES VJ STREET ADDRESS 901 MAIN AVENUE SUITE 612 CITY-ST-ZIP NORWALK, CT 06851	<input type="checkbox"/> Delete		TITLE EVP COO NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME FORD, JEFFREY J STREET ADDRESS 901 MAIN AVENUE SUITE 612 CITY-ST-ZIP NORWALK, CT 06851	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SVGC NAME STEINFELD, ROBERT H STREET ADDRESS 901 MAIN AVENUE SUITE 612 CITY-ST-ZIP NORWALK, CT 06851	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPC NAME KATZ, LESLYE G STREET ADDRESS 901 MAIN AVENUE SUITE 612 CITY-ST-ZIP NORWALK, CT 06851	<input type="checkbox"/> Delete		TITLE VP CFO NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Robin Y. Nance</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Robin Y. Nance 4/30/08 203-845-5240 Assistant Secretary Date Daytime Phone #		

40107400



04242008 Chg-P CR2E034 (12/06)

ims

ATTACHMENT

40107468
F00000000 4474

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Certified 7006 2760 0001 4966 5735
901 Main Avenue
Suite 612
Norwalk, CT 06851

April 21, 2008

RE: IMS Health Incorporated
I.D. NO. 06-1506026
REF.: 2008 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: 2008 Florida Uniform Business Report (AR)

Form No.: _____

for the period January 1 - December 31, 20 08

Also enclosed is our check number 506952 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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Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

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