2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F0000004474 1. Entity Name IMS HEALTH INCORPORATED							008 90002	: 033 ***	`150.00
Principal Place of Business 901 MAIN AVENUE SUITE 612 NORWALK, CT 06851		Mailing Address 901 MAIN AVENUE SUITE 612 NORWALK, CT 06851		4010			1 848 11 1 88 11 8 11	5 8 1 1 1 1 1 1 1 1 1	
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04242008	Chg-P	CR2E03	4 (12/06)	
City & State City & State		City & State	ite		4. FEi Number 06-1506	026			pplied For at Applicable
Zip ´	Country () ***	Zip	Country		5. Certificate of	Status Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New F	Registered A	gent	
			Na	ne		•			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION, FL 333244									
			Cit				FL	Zip Cod	
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	Signature, typed or printed name of registered agent a	and title if applicable, (NOT	E: Rogistøred Agent	signature required	1 whon reinstating)		DATE		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.0	9. Election Campa Trust Fund Cont		\$5. □ Add	.00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE	AS 🚤	☐ Delete	TITLE				•	☐ Change	Addition
NAME	NANCE, ROBIN Y		NAME						
STREET ADDRESS CITY-ST-ZIP	901 MAIN AVENUE SUITE 612		STREET ADDI	- 1					
TITLE	NORWALK, CT 06851	Delete	TITLE					☐ Change	Addition
NAME	CARLUCCI, DAVID R	☐ Delete	NAME					☐ Change	☐ Addition
STREET ADDRESS	901 MAIN AVENUE SUITE 612		STREET ADD	ESS					
CITY-ST-ZIP	NORWALK, CT 06851		CITY-ST-ZIF					,	
TITLE	vcoo	☐ Delete	TITLE	EV	b Coo			Change	Addition
NAME	PAJOT, GILLES VJ		NAME						
STREET ADDRESS CITY-ST-ZIP	901 MAIN AVENUE SUITE 612 NORWALK, CT 06851		STREET ADDI						
TITLE	T	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	FORD, JEFFREY J		NAME						
STREET ADDRESS CITY-ST-ZIP	901 MAIN AVENUE SUITE 612 NORWALK, CT 06851		STREET ADDI						
TITLE	SVGC	☐ Delete	TITLE		·, · · · · · · · · · · · · · · · · · ·			☐ Change	Addition
NAME	STEINFELD, ROBERT H		NAME						
STREET ADDRESS CITY-ST-ZIP	901 MAIN AVENUE SUITE 612 NORWALK, CT 06851		STREET ADDS						ļ
TITLE	VPC	☐ Delete	TITLE		CFO			Change	☐ Addition
NAME	KATZ, LESLYE G	□ Delete	NAME	• •	J. <i>U</i>			LES Vikings	
STREET ADDRESS	901 MAIN AVENUE SUITE 612		STREET ADDR	ESS					
CITY-ST-ZIP	NORWALK, CT 06851		CITY-ST-ZIP						

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.

Robin Y. Nance 4/30/08
ASSISTANT Secretary

ims

ATTACHMEN

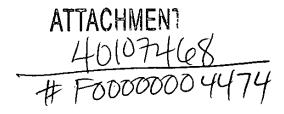
40107468 #F00000004474

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 He	ealth Incorporated						
I.D. NO. 06-1506026								
REF.:	REF.: 2008 Florida Uniform Business Report (Annual Report)							
Ladies and or/G	entlemen:							
Enclosed herew	ith please find the following	for the above-cited company:						
Income/Fra	anchise Tax Return, Form N	o.:						
Estimated '	Гах Report, Form No.:							
Extension	Request, Form No.:							
X Other: Des	cription: 2008 Flori	ida Uniform Business Report (AR)					
Fo	orm No.:							
for the period	January 1 - December 31	, 20	08					
	s our check number 506 f the required amount due, i		\$150.00					
	edge receipt of the enclosed self-addressed envelope encl	by stamping the duplicate of the osed for your convenience.	nis letter and return it					
		Very truly yours, Maryanne Piorek						
	•	Maryanne Piorek Director – US Tax	-					

ims



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	-	Maryanne Piorek	-		
		Maryanne Piorek Director – US Tax			
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