

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004474

FILED
Apr 29, 2009
Secretary of State

Entity Name: IMS HEALTH INCORPORATED

Current Principal Place of Business:

901 MAIN AVENUE SUITE 612
NORWALK, CT 06851

New Principal Place of Business:

901 MAIN AVENUE SUITE 612
NORWALK, CT 06851 US

Current Mailing Address:

901 MAIN AVENUE SUITE 612
NORWALK, CT 06851

New Mailing Address:

901 MAIN AVENUE SUITE 612
NORWALK, CT 06851 US

FEI Number: 06-1506026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: AS () Delete
Name: NANCE, ROBIN Y
Address: 901 MAIN AVENUE SUITE 612
City-St-Zip: NORWALK, CT 06851

Title: CEO () Delete
Name: CARLUCCI, DAVID R
Address: 901 MAIN AVENUE SUITE 612
City-St-Zip: NORWALK, CT 06851

Title: EVCO (X) Delete
Name: PAJOT, GILLES VJ
Address: 901 MAIN AVENUE SUITE 612
City-St-Zip: NORWALK, CT 06851

Title: T (X) Delete
Name: FORD, JEFFREY J
Address: 901 MAIN AVENUE SUITE 612
City-St-Zip: NORWALK, CT 06851

Title: SVGC (X) Delete
Name: STEINFELD, ROBERT H
Address: 901 MAIN AVENUE SUITE 612
City-St-Zip: NORWALK, CT 06851

Title: VCFO (X) Delete
Name: KATZ, LESLYE G
Address: 901 MAIN AVENUE SUITE 612
City-St-Zip: NORWALK, CT 06851

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVID
Address: 901 MAIN AVENUE SUITE 612
City-St-Zip: NORWALK, CT 06851 US

Title: S (X) Change () Addition
Name: ROBERT
Address: 901 MAIN AVENUE SUITE 612
City-St-Zip: NORWALK, CT 06851 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT H STEINFELD

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04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date