

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000004474

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** IMS HEALTH INCORPORATED

**Current Principal Place of Business:**

901 MAIN AVENUE SUITE 612  
NORWALK, CT 06851 US

**New Principal Place of Business:**

83 WOOSTER HEIGHTS ROAD, SUITE 501  
DANBURY, CT 06810 US

**Current Mailing Address:**

901 MAIN AVENUE SUITE 612  
NORWALK, CT 06851 US

**New Mailing Address:**

83 WOOSTER HEIGHTS ROAD, SUITE 501  
DANBURY, CT 06810 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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BOUSBIB, ARI  
**Address:** 83 WOOSTER HEIGHTS ROAD, SUITE 501  
**City-St-Zip:** DANBURY, CT 06810 US

**Title:** T  
**Name:** FORD, JEFFREY J  
**Address:** 83 WOOSTER HEIGHTS ROAD, SUITE 501  
**City-St-Zip:** DANBURY, CT 06810 US

**Title:** D  
**Name:** DANHAKL, JOHN G  
**Address:** 11111 SANTA MONICA BLVD. SUITE 2000  
**City-St-Zip:** LOS ANGELES, CA 90025

I hereby 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 all other like empowered.

**SIGNATURE:** JEFFREY J. FORD

T

03/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date