

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