

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

0614894 AT

05-05-2003 90365 041 ***150.00

DOCUMENT # F00000004474

1. Entity Name
IMS HEALTH INCORPORATED



Principal Place of Business
**1499 POST RD.
FAIRFIELD CT 06430**

Mailing Address
**1499 POST RD.
FAIRFIELD CT 06430**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country
06824

4. FEI Number **06-1506026** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NANCE, ROBIN Y 1499 POST RD. FAIRFIELD CT 06430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO THOMAS, DAVID M 1499 POST RD. FAIRFIELD CT 06430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO COOPER, NANCY E V FAIRFIELD CT 06430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WALSH, JOHN R 1499 POST RD. FAIRFIELD CT 06430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEINFELD, ROBERT H 1499 POST RD. FAIRFIELD CT 06430	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KATZ, LESLYE G V FAIRFIELD CT 06430	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	FAIRFIELD, CT 06824	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/C/D FAIRFIELD, CT 06824	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1499 POST ROAD FAIRFIELD, CT 06824	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T FAIRFIELD, CT 06824	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/SVP/GENERAL COUNSEL FAIRFIELD, CT 06824	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CONTROLLER 1499 POST ROAD FAIRFIELD, CT 06824	<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 exemption stated in Section 119.07(3)(i), 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: *[Signature]* **REINSTATEMENT REQUIRED** 05/01/03 (203) 319-4587

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)