

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91282 013 ***150.00

DOCUMENT # F01000001371

1. Entity Name
DATA NICHE ASSOCIATES, INC.



Principal Place of Business
**540 FRONTAGE RD, STE 2000
NORTHFIELD, IL 60093**

Mailing Address
**1499 POST ROAD
C/O IMS HEALTH, INC.
FAIRFIELD, CT 06824**

54042888



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04142004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
36-3783531

Applied For
Not Applicable

Zip
60093-1250

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME **SHAH, BOB**
STREET ADDRESS **540 FRONTAGE RD, STE 2000**
CITY-ST-ZIP **NORTHFIELD, IL**

TITLE VP ☐ Delete
NAME **DESAI, VIJAY**
STREET ADDRESS **540 FRONTAGE RD, STE 2000**
CITY-ST-ZIP **NORTHFIELD, IL**

TITLE VP ☐ Delete
NAME **MATTHEW, GEORGE**
STREET ADDRESS **540 FRONTAGE RD, STE 2000**
CITY-ST-ZIP **NORTHFIELD, IL**

TITLE S ☐ Delete
NAME **MURPHY, ALANDRA C**
STREET ADDRESS **1499 POST ROAD**
CITY-ST-ZIP **FAIRFIELD, CT 06824**

TITLE T ☐ Delete
NAME **WALSH, JOHN R**
STREET ADDRESS **1499 POST ROAD**
CITY-ST-ZIP **FAIRFIELD, CT 06824**

TITLE CEO ☐ Delete
NAME **NOON, GARY**
STREET ADDRESS **660 W GERMANTOWN PIKE**
CITY-ST-ZIP **PLYMOUTH MEETING, PA 19462**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **SHAH, BIPIN**
STREET ADDRESS **540 FRONTAGE RD, STE 2000**
CITY-ST-ZIP **NORTHFIELD, IL 60093-1250**

TITLE ☒ Change ☐ Addition
NAME **DESAI, VIJAY C**
STREET ADDRESS **540 FRONTAGE RD, STE 2000**
CITY-ST-ZIP **NORTHFIELD, IL 60093-1250**

TITLE ☒ Change ☐ Addition
NAME **MATTHEW, GEORGE**
STREET ADDRESS **540 FRONTAGE RD, STE 2000**
CITY-ST-ZIP **NORTHFIELD, IL 60093-1250**

TITLE ☒ Change ☐ Addition
NAME **D/S**
STREET ADDRESS **540 FRONTAGE RD, STE 2000**
CITY-ST-ZIP **NORTHFIELD, IL 60093-1250**

TITLE ☒ Change ☐ Addition
NAME **FORD, JEFFREY J**
STREET ADDRESS **540 FRONTAGE RD, STE 2000**
CITY-ST-ZIP **NORTHFIELD, IL 60093-1250**

TITLE ☐ Change ☐ Addition
NAME **NOON, GARY**
STREET ADDRESS **660 W GERMANTOWN PIKE**
CITY-ST-ZIP **PLYMOUTH MEETING, PA 19462**

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

Alandra C. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALANDRA C. MURPHY

4/15/04

Date

203-319-4587

Daytime Phone #

Attachment

54042888
#F0100000371

**DATA NICHE ASSOCIATES, INC.
LIST OF OFFICERS & DIRECTORS**

Directors

(1) Robert H. Steinfeld Director
(1) John R. Walsh Director
(1) Alandra C. Murphy Director

Officers

(2) Gary Noon CEO
(3) Bipin K. Shah President
(1) Jeffrey J. Ford Treasurer
(1) Alandra C. Murphy Secretary
(3) Vijay C. Desai Vice President
(3) George Mathew Vice President

(1) 1499 Post Road, Fairfield, CT 06824
(2) 660 W. Germantown Pike, Plymouth Meeting 19462
(3) 540 Frontage Road, Suite 2000, Northfield, IL 60093-1250

IMS Health, Inc.

Attachment

540 42888

701000001371

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Certified 7003 3110 0001 5238 2828
1499 Post Road
Fairfield, CT 06824

April 15, 2004

RE: Data Niche Associates, Inc.
I.D. NO. F.E.I.N. 36-3783531
REF.: 2004 Florida Uniform Business Report (Annual Report)

Ladies and or/Gentlemen:

Enclosed herewith please find the following for the above-cited company:

- ☐ Income/Franchise Tax Return, Form No.: _____
- ☐ Estimated Tax Report, Form No.: _____
- ☐ Extension Request, Form No.: _____
- ☒ Other: Description: 2004 Florida Uniform Business Report (AR)

Form No.: _____

for the period January 1 - December 31, 20 04

Also enclosed is our check number 348677 in the amount of \$150.00
in satisfaction of the required amount due, if any.

Please acknowledge receipt of the enclosed by stamping the duplicate of this letter and return it in the stamped self-addressed envelope enclosed for your convenience.

Very truly yours,

Maryanne Piorek

Maryanne Piorek
Senior Manager - Tax Compliance