


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90160 034 ***150.00

DOCUMENT # F01000001371 1. Entity Name DATA NICHE ASSOCIATES, INC.					
Principal Place of Business 9 PARKWAY N SUITE 350 DEERFIELD, IL 60015-2544			Mailing Address 1499 POST ROAD C/O IMS HEALTH, INC. FAIRFIELD, CT 06824		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 36-3783531	
City & State Zip		City & State Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAH, BIPIN 9 PARKWAY N, SUITE 350 DEERFIELD, IL 600152544 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DESAI, VIJAY C 9 PARKWAY N, SUITE 350 DEERFIELD, IL 600152544 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MATTHEW, GEORGE 9 PARKWAY N, SUITE 350 DEERFIELD, IL 600152544 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MURPHY, ALANDRA C 1499 POST ROAD FAIRFIELD, CT 06824 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORD, JEFFREY J 1499 POST ROAD FAIRFIELD, CT 06824 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition John R. Walsh	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO NOON, GARY 660 W GERMANTOWN PIKE PLYMOUTH MEETING, PA 19462 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Alandra C. Murphy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Alandra C. Murphy Date		4/19/06 Daytime Phone #

ims

ATTACHMENT

40077841

#FD100001371

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

Certified 7005 3110 0001 6630 0441
1499 Post Road
Fairfield, CT 06824

April 24, 2006

RE: Data Niche Associates, Inc.
I.D. NO. F.E.I.N. 36-3783531
REF.: 2006 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: 2006 Florida Uniform Business Report (AR)

Form No.: _____

for the period January 1 - December 31, 20 06

Also enclosed is our check number 433571 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
Director – U.S. Tax