

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90070 020 ***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 - No P.O. Box # 540 Frontage Road		3. Mailing Address 901 Main Avenue			
Suite, Apt. #, etc. Suite 2000		Suite, Apt. #, etc. Suite 612			
City & State Northfield, IL 60093-1250		City & State Norwalk, CT 06851			
Zip Country		Zip Country		4. FEI Number 36-3783531	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Steinfeld, Robert H 901 Main Ave., Suite 612 Norwalk, CT 06851 <input checked="" 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	540 Frontage Road, Suite 2000 Northfield, IL 60093-1250 <input checked="" 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	540 Frontage Road, Suite 2000 Northfield, IL 60093-1250 <input checked="" 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	901 Main Ave., Suite 612 Norwalk, CT 06851 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WALSH, JOHN R 1499 POST ROAD FAIRFIELD, CT 06824 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	901 Main Ave., Suite 612 Norwalk, CT 06851 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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>			Alandra C. Murphy 4/30/07 203-845-5240		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		