

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90152 006 ***550.00

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DOCUMENT # F01000001371

1. Entity Name

DATA NICHE ASSOCIATES, INC.



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

Mailing Address
**540 FRONTAGE RD. STE 2000
NORTHFIELD IL 60093**

2. Principal Place of Business

3. Mailing Address

1499 Post Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o IMS Health, Inc.

City & State

City & State

Fairfield, CT

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

36-3783531

Applied For

Not Applicable

Zip

Country

Zip

Country

06824

USA

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 \$550.00

**After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary
Alandra C. Murphy
1499 Post Road
Fairfield, CT 06824** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
John R. Walsh
1499 Post Road
Fairfield, CT 06824** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
Gary Noon
660 W. Germantown Pike
Plymouth Meeting, PA 19462** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 9/10/03 203-319-4587

Secretary

Date

Daytime Phone #

CR2E034 (4/03)