2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000847

Entity Name: SPSS, INC

FILED Apr 22, 2005 Secretary of State

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Current Principal Place of Business:			New Princi	New Principal Place of Business:		
STE 1100	CKER DRIVE IL 606066307	US				
Current Mailing Address:			New Mailing Address:			
C/O NANCY 233 S. WAO CHICAGO,	CKER DRIVE, 1	1TH FLOOR				
FEI Number:	36-2815480	FEI Number Applied For ()	El Number Not Appli	licable () Certificate of Status Desired	()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
1200 SOUT	DRATION SYSTH PINE ISLANI DN, FL 33324					
The above in the State	named entity su of Florida.	bmits this statement for the purpo	ose of changing it	its registered office or registered agent, o	r both,	
SIGNATUR						
Electronic Signature of Registered Agent				Date		
Election Cam	paign Financing [*]	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	NOONAN, JACK	Delete DRIVE STE 1100 6066307 US	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	HAMBURG, EDW	DRIVE STE 1100	Title: Name: Address: City-St-Zip:	CFO (X) Change () Addition PANZA, RAYMOND 233 S. WACKER DRIVE STE 1100 CHICAGO, IL 606066307 US		
Title: Name: Address: City-St-Zip:	BRINKMANN, RO	DRIVE STE 1100	Title: Name: Address: City-St-Zip:	TREA (X) Change () Addition BRINKMANN, ROBERT 233 S. WACKER DRIVE STE 1100 CHICAGO, IL 606066307 US		
Title: Name: Address: City-St-Zip:	VCTO () E OTTERSTATTER 233 S. WACKER CHICAGO, IL 600	DR STE 1100	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	ZANGHI, BRIAN	Delete DRIVE STE 1100 6066307 US	Title: Name: Address: City-St-Zip:	SECR (X) Change () Addition CIRO, TONY 233 S. WACKER DRIVE STE 1100 CHICAGO, IL 606066307 US		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BRINKMANN TREA 04/22/2005