

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000847

FILED
Apr 16, 2008
Secretary of State

Entity Name: SPSS, INC.

Current Principal Place of Business:

233 S. WACKER DRIVE
STE 1100
CHICAGO, IL 606066307 US

New Principal Place of Business:

Current Mailing Address:

233 S. WACKER DRIVE
11TH FLOOR
CHICAGO, IL 60606 US

New Mailing Address:

FEI Number: 36-2815480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: NOONAN, JACK
Address: 233 S. WACKER DRIVE STE 1100
City-St-Zip: CHICAGO, IL 606066307 US

Title: CFO () Delete
Name: PANZA, RAYMOND
Address: 233 S. WACKER DRIVE STE 1100
City-St-Zip: CHICAGO, IL 606066307 US

Title: TREA () Delete
Name: PARENTI, RICHARD
Address: 233 S. WACKER DRIVE STE 1100
City-St-Zip: CHICAGO, IL 606066307 US

Title: EVP () Delete
Name: OTTERSTATTER, JON
Address: 233 S. WACKER DR STE 1100
City-St-Zip: CHICAGO, IL 606066307 US

Title: OP C () Delete
Name: BRINKMANN, ROBERT
Address: 233 S. WACKER DRIVE STE 1100
City-St-Zip: CHICAGO, IL 606066307 US

Title: ASST () Delete
Name: MCQUADE, ERIN R
Address: 233 S. WACKER DR STE 1100
City-St-Zip: CHICAGO, IL 606066307 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CONT (X) Change () Addition
Name: NELSON, MARC
Address: 233 S. WACKER DR STE 1100
City-St-Zip: CHICAGO, IL 606066307 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ERIN R. MCQUADE

ASST

04/16/2008

Electronic Signature of Signing Officer or Director

_____ Date