

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000847

FILED  
Mar 09, 2009  
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:

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

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: CONT ( ) Delete  
Name: NELSON, MARC  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

03/09/2009

Electronic Signature of Signing Officer or Director

Date