

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90138 025 \*\*\*150.00

<b>DOCUMENT # F04000002333</b>					
<b>1. Entity Name</b> IHS ACQUISITION XXX, INC.					
<b>Principal Place of Business</b> 1300 MORRIS DR CHESTERBROOK, PA 19087			<b>Mailing Address</b> 1300 MORRIS DR CHESTERBROOK, PA 19087		
<b>2. Principal Place of Business - No P.O. Box #</b> 1300 Morris Drive		<b>3. Mailing Address</b> 1300 Morris Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04152008    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b> Chesterbrook PA		<b>City &amp; State</b> Chesterbrook PA		<b>4. FEI Number</b> 52-2060810	
<b>Zip</b> 19087		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				<b>7. Name and Address of New Registered Agent</b>	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL    Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D	<b>NAME</b> YOST, R. DAVID	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1300 MORRIS DRIVE	<b>CITY-ST-ZIP</b> CHESTERBROOK, PA 190875594		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> DEVP	<b>NAME</b> DICANDILO, MICHAEL D	<input type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1300 MORRIS DRIVE	<b>CITY-ST-ZIP</b> CHESTERBROOK, PA 190875594		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> D	<b>NAME</b> HILZINGER, KURT J	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> 	<b>NAME</b> 	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1300 MORRIS DRIVE	<b>CITY-ST-ZIP</b> CHESTERBROOK, PA 190875594		<b>STREET ADDRESS</b> 	<b>CITY-ST-ZIP</b> 	
<b>TITLE</b> P	<b>NAME</b> GLEBER, CAROL	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> President	<b>NAME</b> Mark Johnson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1300 MORRIS DR	<b>CITY-ST-ZIP</b> WAYNE, PA 19087		<b>STREET ADDRESS</b> 1300 Morris Drive	<b>CITY-ST-ZIP</b> Chesterbrook PA 19087	
<b>TITLE</b> VT	<b>NAME</b> HIRST, DANIEL T	<input type="checkbox"/> Delete	<b>TITLE</b> Assistant Secretary	<b>NAME</b> Daniel T. Hirst	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1300 MORRIS DRIVE	<b>CITY-ST-ZIP</b> CHESTERBROOK, PA 190875594		<b>STREET ADDRESS</b> 1300 Morris Drive	<b>CITY-ST-ZIP</b> Chesterbrook PA 19087	
<b>TITLE</b> VPS	<b>NAME</b> CHOU, JOHN	<input type="checkbox"/> Delete	<b>TITLE</b> SVP, General Counsel + Secretary	<b>NAME</b> John Chou	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1300 MORRIS DR	<b>CITY-ST-ZIP</b> WAYNE, PA 19087		<b>STREET ADDRESS</b> 1300 Morris Drive	<b>CITY-ST-ZIP</b> Chesterbrook PA 19087	
<b>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.</b>					
<b>SIGNATURE:</b> _____			Date: 4/28/2008    Daytime Phone #: 610 277-7000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					