

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000002639

FILED
May 01, 2012
Secretary of State

Entity Name: SS IMS INC.

Current Principal Place of Business:

1290 AVE. OF THE AMERICAS, 10TH FLOOR
NEW YORK, NY 10104 US

New Principal Place of Business:

Current Mailing Address:

1290 AVE. OF THE AMERICAS, 10TH FLOOR
NEW YORK, NY 10104 US

New Mailing Address:

FEI Number: 13-3637605

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

OFFICERS AND DIRECTORS:

Title: D
Name: KLINCK, JACK
Address: ONE LINCOLN ST.
City-St-Zip: BOSTON, MA 02111 US

Title: D
Name: WOLF, LISA
Address: ONE LINCOLN STREET
City-St-Zip: BOSTON, MA 02111 US

Title: D
Name: HUGHES, PATRICK
Address: 1290 AVE OF THE AMERICAS, 10TH FLOOR
City-St-Zip: NEW YORK, NY 10104 US

Title: P
Name: LAMPIETTI, ROBERT
Address: 1290 AVE. OF THE AMERICAS, 10TH FLOOR
City-St-Zip: NEW YORK, NY 10104 US

Title: S
Name: CARPENTER, SCOTT
Address: ONE LINCOLN STREET
City-St-Zip: BOSTON, MA 02111 US

Title: T
Name: BARTER, JUSTIN
Address: 1290 AVE. OF THE AMERICAS, 10TH FLOOR
City-St-Zip: NEW YORK, NY 10104 US

I hereby 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 all other like empowered.

SIGNATURE: ROBERT LAMPIETTI

P

05/01/2012

Electronic Signature of Signing Officer or Director

Date