

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90036 024 \*\*\*150.00

**DOCUMENT # F95000005432**

1. Entity Name

**IHS ENVIRONMENTAL INFORMATION INC.**

Principal Place of Business

**C/O INFORMATION HANDLING SERVICES  
 15 INVERNESS WAY EAST  
 ENGLEWOOD CO 80112**

Mailing Address

**C/O TBG SERVICES INC.  
 565 FIFTH AVENUE  
 NEW YORK NY 10017-2413**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**C/O  
 INFORMATION HANDLING SERVICES INC  
 TAX DEPARTMENT MS B404  
 15 INVERNESS WAY EAST  
 ENGLEWOOD CO 80112**

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**23-2823479**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD TIMBERS, KENNETH A. 15 INVERNESS WAY EAST ENGLEWOOD CO 80150</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P WALLACE, ROBERT K 912 SPRINGDALE DRIVE EXTON PA 19341</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCF HAMILTON, GILBERT 15 INVERNESS WAY EAST ENGLEWOOD CO 80150</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V LEVINE, ROBERT B 565 FIFTH AVE. NEW YORK NY 10017</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MEYER, CHRISTOPHER L 15 INVERNESS WAY EAST ENGLEWOOD CO 80112</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS GREEN, STEPHEN 565 FIFTH AVE NEW YORK NY 10017</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO ENGLEWOOD, CO 80112</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/GM 15 INVERNESS WAY EAST ENGLEWOOD, CO 80112</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MULLINS, FRANCIS J. 15 INVERNESS WAY EAST, B404 ENGLEWOOD, CO 80112</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEYER, L. CHRISTOPHER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD 1350 AVENUE OF THE AMERICAS, #840 NEW YORK, NY 10019</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FRANCIS J. MULLINS**

**01/25/2001**

**(303) 397-2636**

Date

Daytime Phone #

CR2E034 (10/00)