

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000006447 (6)

1. Corporation Name

MAPINFO CORPORATION

Principal Place of Business

ONE GLOBAL VIEW
TROY NY 12180

Mailing Address

ONE GLOBAL VIEW
TROY NY 12180

FILED

98 MAR 19 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1997

4. FEI Number

06-1166630

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
MARVIN, MICHAEL D
16 PARK HILL
MENANDS NY 12203

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
CAVALIER, JOHN C
19-1R THACHER HOUSE
MENANDS NY 12204

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFOV
GERSUK, D J
33 CLOVERFIELD DR
LOUDONVILLE NY 12211

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BARDOS, LASZLO C
8 FLINT HILL RD
LYME CENTER NH 03789

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
HALLER, JOHN F
9091 EATON PARK RD
GREAT FALLS VA 22068

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
IRELAND, ELIZABETH A
BOX 409 GAME FARM RD
DELMAR NY 12054

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☒ Change ☐ Addition
42 EAST RIDGE ROAD
LOUDONVILLE, NY 12211

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☒ Change ☐ Addition
6 GEORGIAN COURT
TROY, NY 12180

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☒ Addition
D
JOHN F. BURTON
P.O. BOX 859 (N/A)
MCLEAN, VA 22101
2/26/98 92659 007
\$150.00 BANK

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]

CP2E034 (10/97)