

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90136 048 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000006447**

1. Corporation Name

**MAPINFO CORPORATION**

Principal Place of Business

**ONE GLOBAL VIEW  
TROY NY 12180-8399**

Mailing Address

**ONE GLOBAL VIEW  
TROY NY 12180-8399**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/04/1997**

4. FEI Number

**06-1166630**

Applied For

Not Applicable

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

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 the current year Intangible  
Personal Property Tax. ☐ 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	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>MARVIN, MICHAEL D</b>	
STREET ADDRESS	<b>ONE GLOBAL VIEW</b>	
CITY-ST-ZIP	<b>TROY NY 12180-8399</b>	

TITLE	<b>PCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>CAVALIER, JOHN C</b>	
STREET ADDRESS	<b>42 EAST RIDGE ROAD</b>	
CITY-ST-ZIP	<b>LOUNDOONVILLE NY 12211</b>	

TITLE	<b>CFOV</b>	<input type="checkbox"/> DELETE
NAME	<b>GERSEK, D J</b>	
STREET ADDRESS	<b>ONE GLOBAL VIEW</b>	
CITY-ST-ZIP	<b>TROY NY 12180-8399</b>	

TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>HALLER, JOHN F</b>	
STREET ADDRESS	<b>6 GEORGIAN COURT</b>	
CITY-ST-ZIP	<b>TROY NY 12211</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BURTON, JOHN F</b>	
STREET ADDRESS	<b>P.O. BOX 859, N/A</b>	
CITY-ST-ZIP	<b>MCLEAN VA 22101</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BARDOS, LASZLO C</b>	
STREET ADDRESS	<b>8 FLINT HILL ROAD</b>	
CITY-ST-ZIP	<b>LYME CENTER NH 03769</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/12/99 (508) 285-6000**

CR2E034 (1/198)