

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006447

1. Entity Name

MAPINFO CORPORATION

Principal Place of Business

ONE GLOBAL VIEW
TROY NY 12180-8399

Mailing Address

ONE GLOBAL VIEW
TROY NY 12180-8371

2. Principal Place of Business

FOUR GLOBAL VIEW

Suite, Apt. #, etc.

3. Mailing Address

FOUR GLOBAL VIEW

Suite, Apt. #, etc.

City & State

TROY NY

City & State

TROY NY

Zip

12180

Country

USA

Zip

12180

Country

USA

4. FEI Number

06-1166630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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, 2000 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

TITLE ☐ Delete
NAME CD
STREET ADDRESS MARVIN, MICHAEL D
CITY-ST-ZIP ONE GLOBAL VIEW
TROY NY 12180-8399

TITLE ☐ Delete
NAME PCEO
STREET ADDRESS CAVALIER, JOHN C
CITY-ST-ZIP 42 EAST RIDGE ROAD
LOUNDONVILLE NY 12211

TITLE ☐ Delete
NAME CFOV
STREET ADDRESS GERSUK, D J
CITY-ST-ZIP ONE GLOBAL VIEW
TROY NY 12180-8399

TITLE ☒ Delete
NAME VSD
STREET ADDRESS HALLER, JOHN F
CITY-ST-ZIP 6 GEORGIAN COURT
TROY NY 12211

TITLE ☒ Delete
NAME D
STREET ADDRESS BURTON, JOHN F
CITY-ST-ZIP P.O. BOX 859, N/A
MCLEAN VA 22101

TITLE ☐ Delete
NAME D
STREET ADDRESS BARDOS, LASZLO C
CITY-ST-ZIP 8 FLINT HILL ROAD
LYME CENTER NH 03769

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME S
STREET ADDRESS NETTER, MIRIAM
CITY-ST-ZIP FOUR GLOBAL VIEW
TROY NY 12180

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS MCNAMEE, GEORGE
CITY-ST-ZIP 312 STATE STREET
ALBANY, NY 12210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90945 004 ***150.00



DO NOT WRITE IN THIS SPACE

CD05021 (0/00)