

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90074 009 ***150.00

0596159

DOCUMENT # F97000006447

1. Entity Name

MAPINFO CORPORATION

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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, 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

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

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

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

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

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

TITLE **D** ☐ Delete
NAME **BARDOS, LASZLO C**
STREET ADDRESS **8 FLINT HILL ROAD**
CITY-ST-ZIP **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 **Ketter, Miriam**
STREET ADDRESS **4 Global View**
CITY-ST-ZIP **Troy NY 12180**

TITLE ☐ Change ☒ Addition
NAME **McNamee, George**
STREET ADDRESS **312 State St**
CITY-ST-ZIP **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 #

CR2E034 (10/00)