## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F97000006447

Entity Name: MAPINFO CORPORATION

FILED Jan 13, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** ONE GLOBAL VIEW ONE GLOBAL VIEW TROY, NY 121808371 TROY, NY 121808399 **Current Mailing Address: New Mailing Address:** ONE GLOBAL VIEW ONE GLOBAL VIEW TROY, NY 121808399 TROY, NY 121808371 FEI Number: 06-1166630 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change ( ) Addition CAVALIER, JOHN C CAVALIER, JOHN C Name: Name: 4 GLOBAL VIEW ONE GLOBAL VIEW Address: Address: City-St-Zip: TROY, NY 12180 City-St-Zip: TROY, NY 12180 PCEO Title: Title: () Delete PCEO (X) Change ( ) Addition Name: CAVALIER, JOHN C Name: CATTINI, MARK P 42 EAST RIDGE ROAD ONE GLOBAL VIEW Address: Address: LOUNDONVILLE, NY 12211 TROY, NY 12180 City-St-Zip: City-St-Zip: Title: Title: CFOV ( ) Delete () Change () Addition MCDOUGALL, K W Name: Name: ONE GLOBAL VIEW Address: Address: City-St-Zip: TROY, NY 121808399 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition FREDLUND, APRIL JOSEPH, JASON Name: Name: Address: ONE GLOBAL VIEW Address: ONE GLOBAL VIEW City-St-Zip: TROY, NY 12180 City-St-Zip: TROY, NY 12180 Title: Title: (X) Change ( ) Addition () Delete MCNAMEE, GEORGE SCHECHTER, ROBERT Name: Name: 312 STATE STREET Address: ONE GLOBAL VIEW Address: City-St-Zip: ALBANY, NY 12210 City-St-Zip: TROY, NY 12180 ( ) Delete Title: Title: () Change () Addition KAHN, JONI Name: Name: 529 W. POPLAR Address: Address: City-St-Zip: City-St-Zip: SAN MATEO, CA 94402

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: K. WAYNE MCDOUGALL CFOV 01/13/2004