

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005689

1. Entity Name
IHS FINANCIAL INFORMATION INC.

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90036 025 ***150.00

Principal Place of Business
C/O INFORMATION HANDLING SERVICES
15 INVERNESS WAY EAST
ENGLEWOOD CO 80112
US

Mailing Address
C/O TBG SERVICES INC.
565 FIFTH AVENUE
NEW YORK NY 10017

2. Principal Place of Business

3. Mailing Address

C/O INFORMATION HANDLING SERVICES

Suite, Apt. #, etc.
TAX DEPARTMENT MS B404
15 INVERNESS WAY EAST
ENGLEWOOD CO 80112



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

City & State

4. FEI Number 13-3590029

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME TIMBERS, KENNETH A
STREET ADDRESS 15 INVERNESS WAY EAST
CITY-ST-ZIP ENGLEWOOD CO ☐ Delete

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

TITLE CD
NAME TIMBERS, MICHAEL J
STREET ADDRESS 15 INVERNESS WAY EAST
CITY-ST-ZIP ENGLEWOOD CO ☐ Delete

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

TITLE D
NAME MEYER, L C
STREET ADDRESS 15 INVERNESS WAY EAST
CITY-ST-ZIP ENGLEWOOD CO ☐ Delete

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

TITLE VS
NAME GREEN, STEPHEN
STREET ADDRESS 565 5TH AVENUE, 17TH FL
CITY-ST-ZIP NEW YORK NY ☐ Delete

TITLE
NAME
STREET ADDRESS 1350 AVENUE OF THE AMERICAS, #840
CITY-ST-ZIP NEW YORK, NY 10019 ☒ Change ☐ Addition

TITLE V
NAME LEVINE, ROBERT B
STREET ADDRESS 565 5TH AVENUE, 17TH FL
CITY-ST-ZIP NEW YORK NY ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
MULLINS, FRANCIS J.
15 INVERNESS WAY EAST, B404
ENGLEWOOD, CO 80112

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

FRANCIS J. MULLINS

01/25/2001 (303) 397-2636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)