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

0004272

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14530

1. Corporation Name
INFORMATION HANDLING SERVICES INC.

Principal Place of Business	Mailing Address
C/O T B G SVCS. INC. 565 FIFTH AVE., 17TH FLOOR NEW YORK NY 10017-2413	C/O T B G SVCS. INC. 565 FIFTH AVE., 17TH FLOOR NEW YORK NY 10017-2413

[redacted]

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/19/1987

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 22-2721160 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, STEPHEN		1.2 NAME	[redacted]
STREET ADDRESS	1588 UNION AVENUE		1.3 STREET ADDRESS	-02/24/99--90010--010
CITY-ST-ZIP	HEWLETT NY 11557		1.4 CITY-ST-ZIP	***1500.00 ****150.00
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, ROBERT B.		2.2 NAME	
STREET ADDRESS	124 S. MARION PLACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE CENTRE NY		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MEYER, L CHRISTOPHER		3.2 NAME	
STREET ADDRESS	15 INVERNESS WAY EAST		3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO		3.4 CITY-ST-ZIP	
TITLE	CD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TIMBERS, MICHAEL		4.2 NAME	
STREET ADDRESS	2500 EAST QUINCY		4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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

SIGNATURE: [signature] ROBERT B. LEVINE VICE-PRESIDENT 1/4/99 212-850-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #