

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
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DOCUMENT # **P14530**

1. Corporation Name
INFORMATION HANDLING SERVICES INC.

Principal Place of Business C/O T B G SVCS. INC. 565 FIFTH AVE., 17TH FLOOR NEW YORK NY 10017-2413	Mailing Address C/O T B G SVCS. INC. 565 FIFTH AVE., 17TH FLOOR NEW YORK NY 10017-2413
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/19/1987

4. FEI Number

22-2721160

Applied For
☐ Not Applicable

5. Certificate 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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VSD	☐ DELETE
NAME	GREEN, STEPHEN	
STREET ADDRESS	1588 UNION AVENUE	
CITY-ST-ZIP	HEWLETT NY 11557	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	80000287625.3--9
1.3 STREET ADDRESS	-02/24/99--90010--010
1.4 CITY-ST-ZIP	***1500.00 ***150.00

TITLE	V	☐ DELETE
NAME	LEVINE, ROBERT B.	
STREET ADDRESS	124 S. MARION PLACE	
CITY-ST-ZIP	ROCKVILLE CENTRE NY	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	PD	☐ DELETE
NAME	MEYER, L. CHRISTOPHER	
STREET ADDRESS	15 INVERNESS WAY EAST	
CITY-ST-ZIP	ENGLEWOOD CO	

3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	CD	☐ DELETE
NAME	TIMBERS, MICHAEL	
STREET ADDRESS	2500 EAST QUINCY	
CITY-ST-ZIP	ENGLEWOOD CO	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

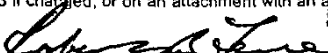
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:  **ROBERT B. LEVINE**
VICE-PRESIDENT

4/4/99 212-850-8500

CD/ENR/41/081