

2001 UNIFORM BUSINESS REPORT (UBR)

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

02-03-2001 90036 023 ***150.00

DOCUMENT # P14530

1. Entity Name

INFORMATION HANDLING SERVICES INC.

Principal Place of Business

**C/O INFORMATION HANDLING SERVICES
 15 INVERNESS WAY EAST
 ENGLEWOOD CO 80112**

Mailing Address

**C/O T B G SVCS. INC.
 565 FIFTH AVE., 17TH FLOOR
 NEW YORK NY 10017-2413**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**INFORMATION HANDLING SERVICES INC
 TAX DEPARTMENT MS B404
 15 INVERNESS WAY EAST
 ENGLEWOOD CO 80112**



DO NOT WRITE IN THIS SPACE

4. FEI Number **22-2721160**

Applied For
 Not Applicable

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

**CT CORPORATION SYSTEM
 1200 S. 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 **VSD** ☐ Delete
 NAME **GREEN, STEPHEN**
 STREET ADDRESS **1588 UNION AVENUE**
 CITY-ST-ZIP **HEWLETT NY 11557**

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

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

TITLE **V** ☐ Change ☒ Addition
 NAME **MULLINS, FRANCIS J.**
 STREET ADDRESS **15 INVERNESS WAY EAST, B404**
 CITY-ST-ZIP **ENGLEWOOD, CO 80012**

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **15 INVERNESS WAY EAST**
 STREET ADDRESS **ENGLEWOOD, CO 80112**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Francis J. Mullins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCIS J. MULLINS

01/25/2001 (303) 397-2636

Date

Daytime Phone #

CR2E034 (10/00)