

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P14530

1. Entity Name
INFORMATION HANDLING SERVICES INC.



Principal Place of Business
C/O INFORMATION HANDLING SERVICES
TAX DEPT D300C
ENGLEWOOD, CO 80112

Mailing Address
15 INVERNESS WAY EAST
TAX DEPT D300C
ENGLEWOOD, CO 80112



01052006 No Chg-P CR2E034 (11/05)

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

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SO
NAME	GREEN, STEPHEN
STREET ADDRESS	1350 AVENUE OF THE AMERICAS #840
CITY - ST - ZIP	NEW YORK, NY 10019
TITLE	V
NAME	MULLINS, FRANCIS J
STREET ADDRESS	15 INVERNESS WAY EAST, D300C
CITY - ST - ZIP	ENGLEWOOD, CO 80012
TITLE	P
NAME	TARR, JEFFREY R
STREET ADDRESS	15 INVERNESS WAY EAST
CITY - ST - ZIP	ENGLEWOOD, CO 80112
TITLE	CFOD
NAME	SULLIVAN, MICHAEL J
STREET ADDRESS	15 INVERNESS WAY EAST
CITY - ST - ZIP	ENGLEWOOD, CO 80112
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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01/23/06-80027-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCIS J. MULLINS

01/12/2006 303-397-2636

Date

Daytime Phone #