2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90505 018 ***150.00

000J3003

DOCUMENT # P14530

1. Entity Name
INFORMATION HANDLING SERVICES INC.

Principal Place of Business	Mailing Address
C/O INFORMATION HANDLING SERVICES 15 INVERNESS WAY EAST ENGLEWOOD, CO 80112	C/O T B G SVCS, INC. 565 FIFTH AVE., 17TH FLOOR NEW YORK, NY 10017-2413

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	15 INVERNESS WAY EAST
Suite, Apt. #, etc. TAX DEPT. D300C	Suite, Apt. #, etc. TAX DEPT. D300C
City & State	City & State ENGLEWOOD, CO
Zip / Country	Zip / Country 80112 / USA

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GREEN, STEPHEN 1350AVENUE OF THE AMERICAS, # 840 NEW YORK, NY 10019	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MULLINS, FRANCIS J 15 INVERNESS WAY EAST, B 404 ENGLEWOOD, CO 80012	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 15 INVERNESS WAY EAST, D300C
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARPENTER, ROBERT R 15 INVERNESS WAY EAST ENGLEWOOD, CO 80112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOD SULLIVAN, MICHAEL J 15 INVERNESS WAY EAST ENGLEWOOD, CO 80112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ FRANCIS J. MULLINS 04/17/2003 303-397-2636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #