

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P36079

1. Entity Name

ERISCO MANAGED CARE TECHNOLOGIES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90072 043 ***150.00

Principal Place of Business

Mailing Address

1085 MORRIS AVE
UNION NJ 07083

200 NYALA FARMS ROAD
WESTPORT CT 06880-6267
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2888027

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2000 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 **D** ☐ Delete
NAME **BELLOMO, ANTHONY**
STREET ADDRESS **1085 MORRIS AVE**
CITY-ST-ZIP **UNION NJ 07083**

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

TITLE **AT** ☒ Delete
NAME **BOLAND, MICHAEL**
STREET ADDRESS **200 NYALA FARMS ROAD**
CITY-ST-ZIP **WESTPORT CT 06880**

TITLE **Senior V.P., CFO** ☒ Change ☐ Addition
NAME **Joseph Posluszny**
STREET ADDRESS **1085 Morris Avenue**
CITY-ST-ZIP **Union, NJ 07083**

TITLE **T** ☐ Delete
NAME **FRIEDMAN, MATTHEW**
STREET ADDRESS **200 NYALA FARMS ROAD**
CITY-ST-ZIP **WESTPORT CT 06880**

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

TITLE **D** ☐ Delete
NAME **FINKELSTEIN, JARED**
STREET ADDRESS **200 NYALA FARMS ROAD**
CITY-ST-ZIP **WESTPORT CT 06880**

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

TITLE **D** ☒ Delete
NAME **SIEGEL, KENNETH**
STREET ADDRESS **200 NYALA FARMS ROAD**
CITY-ST-ZIP **WESTPORT CT 06880**

TITLE **Director** ☒ Change ☐ Addition
NAME **David Stevens**
STREET ADDRESS **200 Nyala Farms Road**
CITY-ST-ZIP **Westport, CT 06880**

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:  **Matthew Friedman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

203-222-4587

Daytime Phone #

IMS Health Incorporated

H 936079
640 208

Uniform Business Report
Divisions of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Certified # Z 234 791 364
200 Nyala Farms Road
Westport, CT 06880

April 15, 2000

RE: Erisco Managed Care Technologies, Inc.
I.D. NO. 13-2888027
REF.: 2000 Florida Uniform Business Report

Ladies and or/Gentlemen:

Enclosed herewith please find the following for the above-cited company:

- ☐ Income/Franchise Tax Return, Form No.: _____
- ☐ Estimated Tax Report, Form No.: _____
- ☐ Extension Request, Form No.: _____
- ☒ Other: Description: 2000 Florida Uniform Business Report

Form No.: _____

for the period January 1 – December 31, 20 00

Also enclosed is our check number 254740 In the amount of \$150.00
in satisfaction of the required amount due, if any.

Please acknowledge receipt of the enclosed by stamping the duplicate of this letter and return it in the stamped self-addressed envelope enclosed for your convenience.

Very truly yours,

Maryanne Piorek

Maryanne Piorek
Senior Manager - Tax Compliance