

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-20-2000 90072 043 ***150.00

DOCUMENT # P36079

1. Entity Name
ERISCO MANAGED CARE TECHNOLOGIES, INC.

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	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2888027				Applied For
				Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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
				State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLOMO, ANTHONY 1085 MORRIS AVE UNION NJ 07083 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BOLAND, MICHAEL 200 NYALA FARMS ROAD WESTPORT CT 06880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior V.P., CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joseph Posluszny 1085 Morris Avenue Union, NJ 07083
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRIEDMAN, MATTHEW 200 NYALA FARMS ROAD WESTPORT CT 06880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINKELSTEIN, JARED 200 NYALA FARMS ROAD WESTPORT CT 06880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGEL, KENNETH 200 NYALA FARMS ROAD WESTPORT CT 06880 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition David Stevens 200 Nyala Farms Road Westport, CT 06880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **4/25/00** **203-222-4587**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 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