2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F99000003695

Entity Name: IDC RESEARCH, INC.

FILED May 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5 SPEEN STREET

FRAMINGHAM, MA 01701 US

Current Mailing Address: New Mailing Address:

5 SPEEN STREET

FRAMINGHAM, MA 01701 US

FEI Number: 04-2324970 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 US

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

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

CAMPBELL, KIRK Name: **KIRK** Name: **5 SPEEN STREET 5 SPEEN STREET** Address: Address:

FRAMINGHAM, MA 01701 US City-St-Zip: FRAMINGHAM, MA 01701 US City-St-Zip:

Title: Title: () Delete (X) Change () Addition

Name: **EDWARD** Name: BLOOM, EDWARD B **5 SPEEN STREET 5 SPEEN STREET** Address: Address:

FRAMINGHAM, MA 01701 US FRAMINGHAM, MA 01701 US City-St-Zip: City-St-Zip:

Title: S () Delete Title: (X) Change () Addition

MIRIAM KRULL, KEVIN C Name: Name:

5 SPEEN STREET 5 SPEEN STREET Address: Address:

City-St-Zip: FRAMINGAM, MA 01701 US City-St-Zip: FRAMINGAM, MA 01701 US

Title: D () Delete Title: (X) Change () Addition

BLOOM BLOOM, EDWARD B Name: Name: Address: **5 SPEEN STREET** Address: **5 SPEEN STREET**

City-St-Zip: FRAMINGHAM, MA 01701 US City-St-Zip: FRAMINGHAM, MA 01701 US

Title: Title: () Delete () Change (X) Addition

GADSBY, EDWARD N Name: Name: Address: Address: 60 GLEN DRIVE BROOKLINE, MA 02455 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN C. KRULL S 05/29/2009