


**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
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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 <input type="checkbox"/>	\$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 _____ (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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SO GREEN, STEPHEN 1350 AVENUE OF THE AMERICAS #840 NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MULLINS, FRANCIS J 15 INVERNESS WAY EAST, D300C ENGLEWOOD, CO 80012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TARR, JEFFREY R 15 INVERNESS WAY EAST ENGLEWOOD, CO 80112
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOD SULLIVAN, MICHAEL J 15 INVERNESS WAY EAST ENGLEWOOD, CO 80112
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** Date **01/12/2006** Daytime Phone # **303-397-2636**