


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 08:00 A
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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01042007 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

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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)
 Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/22/07-80054-004 150.00

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, VICE PRESIDENT - TAXES**
 Date: **01/11/2007** Daytime Phone #: **303-397-2636**