

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000067737

**Entity Name:** IHS US INC.

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC1462597918**

**Current Principal Place of Business:**

1155 SOUTH SEMORAN BOULEVARD  
SUITE 1129  
WINTER PARK, FL 32792

**Current Mailing Address:**

1155 SOUTH SEMORAN BOULEVARD  
SUITE 1129  
WINTER PARK, FL 32792 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name BREWSTER, BENJAMIN  
Address 1155 SOUTH SEMORAN BOULEVARD  
SUITE 1129  
City-State-Zip: WINTER PARK FL 32792

Title T, D  
Name LANGE, STEFAN  
Address 1155 SOUTH SEMORAN BOULEVARD  
SUITE 1129  
City-State-Zip: WINTER PARK FL 32792

Title VP  
Name IHENFELD, CHRISTOPH  
Address 1155 SOUTH SEMORAN BOULEVARD  
SUITE 1129  
City-State-Zip: WINTER PARK FL 32792

Title SECRETARY, VP  
Name KANDERS, STEFANIE  
Address 1155 SOUTH SEMORAN BOULEVARD  
SUITE 1129  
City-State-Zip: WINTER PARK FL 32792

Title PRESIDENT, CEO, D  
Name WIEGMANN, RICHARD  
Address 1155 SOUTH SEMORAN BOULEVARD  
SUITE 1129  
City-State-Zip: WINTER PARK FL 32792

*I hereby 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 all other like empowered.*

**SIGNATURE: STEFANIE KANDERS**

**AUTHORIZED SIGNER**

**04/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date