



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | | | | |
|--|------------------|---|--------------------|--------------|
| 1. Corporate ID No. 20990 | | 2. Name of Corporation Quantifacts, Inc. | | |
| 3. Street Address Principal Business Office 260 West Exchange Street, Suite 200 | | | City Providence | State RI |
| 4. Business Phone No. 401-421-8300 | | 5. State of Incorporation Rhode Island | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name John S. Nichols, Jr. | | Vice President Name see President information | | |
| Street Address 90 Congdon Street | | Street Address | | |
| City Providence | State RI | Zip 02906 | City | State |
| Secretary Name Jonathan E. Cole | | Treasurer Name see President information | | |
| Street Address 250 Royal Palm Way, Suite 300 | | Street Address | | |
| City Palm Beach | State FL | Zip 33480 | City | State |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name John S. Nichols, Jr. | | Director Name None | | |
| Street Address 90 Congdon Street | | Street Address | | |
| City Providence | State RI | Zip 02906 | City | State |
| Director Name None | | Director Name None | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series |
| 8,000 | \$1.00 Par Value | | 1,000 | Common |
| | | | | \$1.00 |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date **FILED**
Check No. **FEB 28 2008**
By: **DS WBS**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature **John S. Nichols, Jr.** Date **2/3/2008**

Print or Type Name
President
Title