



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 2009**

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. 000059899		2. Name of Corporation I+G Infratest and GfK Medical Research International, Inc.			
3. Street Address Principal Business Office 33 College Hill Rd. Bldg. 10C			City Warwick	State RI	Zip 02886
4. Business Phone No. 212 240 5393		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island market research					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Josh Spector c/o GfK Holding, Inc.			Vice President Name Roy Walsh c/o GfK SE		
Street Address 75 Ninth Avenue, 5th Floor			Street Address Nordwestring 101		
City New York	State NY	Zip 10011	City Nuremberg	State Germany	Zip 90419
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name WERNER GUMINSKI			Director Name		
Street Address Landsbergerstr 3338			Street Address		
City Munich	State Germany	Zip 80687	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4000	CNP		1000		
			THIS SECTION MUST BE COMPLETED		

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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 \_\_\_\_\_  
Check No. \_\_\_\_\_  
By \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**  
FEB 17 2011  
By DS  
137652

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 \_\_\_\_\_ Date \_\_\_\_\_  
Roy Walsh  
Print or Type Name  
Vice President, Authorized Person  
Title