

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 849977

Corporation Name
TELERATE, INC.

Principal Place of Business
HARBORSIDE FINANCIAL CTR.
JERSEY CITY NJ 07311

Mailing Address
PO BOX 300
ATTN: TAX DEPT.
PRINCETON NJ 08543-0300

FILED
Sep 08, 1999 8:00 am
Secretary of State

09-08-1999 90008 016 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business TELERATE, INC Suite, Apt. #, etc.		2a. Mailing Address 717 OFFICE PARKWAY Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/10/1981	
City & State ST. LOUIS, MO		City & State ST. LOUIS, MO		4. FEI Number 13-2640046	
Zip 63141-7115		Zip 63141-7115		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ET ADDRESS	P BURENGA, KENNETH L 200 LIBERTY ST NEW YORK NY 10281	1.1 TITLE	P
ST-ZIP		1.2 NAME	JESSOP, JOHN
		1.3 STREET ADDRESS	DEXTER HOUSE - ROYAL MINT CT. 3RD FLOOR
		1.4 CITY-ST-ZIP	LONDON EC3N 4QN
ET ADDRESS	EVP CHILDS, JULIAN 200 LIBERTY ST NEW YORK NY 10281	2.1 TITLE	EVP
ST-ZIP		2.2 NAME	RHODES, DARYL
		2.3 STREET ADDRESS	717 OFFICE PARKWAY
		2.4 CITY-ST-ZIP	ST. LOUIS, MO 63141
ET ADDRESS	V CHILDS, JULIAN B 200 LIBERTY ST NEW YORK NY	3.1 TITLE	VP
ST-ZIP		3.2 NAME	COSTELLO, LAURA
		3.3 STREET ADDRESS	HARBORSIDE FINANCIAL CTR.; 600 PLAZA II
		3.4 CITY-ST-ZIP	JERSEY CITY, NJ 07311
ET ADDRESS	VD SKINNER, PETER G 200 LIBERTY ST NEW YORK NY	4.1 TITLE	SEC
ST-ZIP		4.2 NAME	SCHOTT, KEVIN
		4.3 STREET ADDRESS	717 OFFICE PARKWAY
		4.4 CITY-ST-ZIP	ST. LOUIS, MO 63141
ET ADDRESS	P BURENGA, KENNETH L 200 LIBERTY ST NEW YORK NY	5.1 TITLE	WENDEL, THOMAS
ST-ZIP		5.2 NAME	
		5.3 STREET ADDRESS	717 OFFICE PARKWAY
		5.4 CITY-ST-ZIP	ST. LOUIS, MO 63141
ET ADDRESS	D KANN, PETER R 200 LIBERTY ST NEW YORK NY	6.1 TITLE	D
ST-ZIP		6.2 NAME	MICELI, CARL
		6.3 STREET ADDRESS	717 OFFICE PARKWAY
		6.4 CITY-ST-ZIP	ST. LOUIS, MO 63141

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED

8-26-99 (314) 468-1000

CR2E034 (5/99)