

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90146 030 ***150.00

DOCUMENT # 852268

1. Entity Name
MANUFACTURERS' SURVEY ASSOCIATES, INC.

Principal Place of Business

30 TECHNOLOGY PKWY STH
 SUITE 100
 NORCROSS GA 30092
 US

Mailing Address

30 TECHNOLOGY PKWY STH
 SUITE 100
 NORCROSS GA 30092
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

90 REED ELSEVIER INC.

275 WASHINGTON ST.

NEWTON, MA

02458

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **88-0169311**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **WOLFORD, AROL R.**
 STREET ADDRESS **30 TECHNOLOGY PKWY. S. -STE 10**
 CITY-ST-ZIP **NORCROSS GA 30092-2912**

TITLE **ATA'S** ☐ Change ☒ Addition
 NAME **FONTAINE, CHARLES P.**
 STREET ADDRESS **275 WASHINGTON ST.**
 CITY-ST-ZIP **NEWTON, MA 02458**

TITLE **VCFO** ☐ Delete
 NAME **VANDERBOOM, THEO**
 STREET ADDRESS **30 TECHNOLOGY PKWY. S. -STE 10**
 CITY-ST-ZIP **NORCROSS GA 30092-2912**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VRF** ☐ Delete
 NAME **KRUG, SHERWIN**
 STREET ADDRESS **30 TECHNOLOGY PKWY. S. -STE 10**
 CITY-ST-ZIP **NORCROSS GA 30092-2912**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **T** ☐ Delete
 NAME **FORD, JOSEPH P JR.**
 STREET ADDRESS **30 TECHNOLOGY PKWY. S. -STE 10**
 CITY-ST-ZIP **NORCROSS GA 30092-2912**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **MD** ☒ Delete
 NAME **WILSON, JAMES**
 STREET ADDRESS **ONE FEDERAL ST**
 CITY-ST-ZIP **BOSTON MA 02110-2003**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **COO** ☒ Delete
 NAME **MANN, BILL**
 STREET ADDRESS **30 TECHNOLOGY PKWY S STE 100**
 CITY-ST-ZIP **NORCROSS GA 30092**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles P. Fontaine, Assistant Treasurer April 30, 2001
 617-558-4424
 DAYTIME PHONE #

CR2E034 (10/00)