

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90015 021 ***150.00

DOCUMENT # **852268**

1. Entity Name **CONSTRUCTION MARKET DATA GROUP, INC**
MANUFACTURERS' SURVEY ASSOCIATES, INC.

Principal Place of Business
30 TECHNOLOGY PKWY STH
SUITE 100
NORCROSS GA 30092
US

Mailing Address
% REED ELSEVIER INC.
275 WASHINGTON ST.
NEWTON MA 02458
US

00053000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2263922-88-0160311

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2002 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 ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **VCFO** ☐ Change ☒ Addition
 NAME **John D. Poulin**
 STREET ADDRESS **350 Hudson ST 4TH FL**
 CITY-ST-ZIP **New York, NY 10014-4504**

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

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

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

TITLE **T** ☐ Change ☒ Addition
 NAME **PAUL RICHARDSON**
 STREET ADDRESS **125 PARK AVENUE, 23RD FL**
 CITY-ST-ZIP **NEW YORK, NY 10017**

TITLE **ATAS** ☐ Delete
 NAME **FONTAINE, CHARLES P**
 STREET ADDRESS **275 WASHINGTON ST.**
 CITY-ST-ZIP **NEWTON MA 02458**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 **4/30/02** **617-558-4918**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
CHARLES P. FONTAINE

CR2E034 (9/01)