

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 03, 2002 8:00 am**  
**Secretary of State**

06-03-2002 91209 011 \*\*\*150.00

**DOCUMENT #** F01000004931 ✓  
**1. Entity Name**  
 BATES HEALTHWORLD, INC.

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 100 Avenue of the Americas Suite, Apt. #, etc.	<b>3. Mailing Address</b> 498 Seventh Avenue Suite, Apt. #, etc.
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City & State New York, NY	City & State New York, NY	<b>4. FEI Number</b> 133343927	Applied For Not Applicable
Zip 10013	Country U.S.	Zip 10018	Country U.S.

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

City  
Plantation

FL Zip Code  
33324

**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

<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.</b> (See criteria on back) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> D/ EVP <b>NAME</b> Arthur E. D'Angelo <b>STREET ADDRESS</b> 498 Seventh Ave <b>CITY-ST-ZIP</b> New York, NY 10018	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> D/ VP/ S <b>NAME</b> Michael J. Kopcsak <b>STREET ADDRESS</b> 498 Seventh Ave <b>CITY-ST-ZIP</b> New York, NY 10018	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> D/ P <b>NAME</b> Steven Girgenti <b>STREET ADDRESS</b> 100 Avenue of the Americas <b>CITY-ST-ZIP</b> New York, NY-10013	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> AT <b>NAME</b> Andrew Boland <b>STREET ADDRESS</b> 498 Seventh Ave <b>CITY-ST-ZIP</b> New York, NY 10018	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> AT <b>NAME</b> Jamie Pascucci <b>STREET ADDRESS</b> 498 Seventh Ave <b>CITY-ST-ZIP</b> New York, NY 10018	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>
<b>TITLE</b> CFO/ T <b>NAME</b> Stuart Diamond <b>STREET ADDRESS</b> 100 Avenue of the Americas <b>CITY-ST-ZIP</b> New York, NY 10013	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>

**DO NOT WRITE IN THIS SPACE**

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Michael J. Kopcsak Vice President, Secretary **May 23, 2002** (212) 297-7449  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)